AMENDED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-15-2003 90155 050 ****70.00
N33734
FILED
03 SEP 17 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33734

1. Entity Name
TRANSFLORIDA EXECUTIVE CENTRE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4140 Battersea Road	(same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coconut Grove, FL.	City & State
Zip: 33133 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-017729 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MURRY COHEN

Street Address (P.O. Box Number is Not Acceptable): 4140 Battersea Road

City: Coconut Grove FL Zip Code: 33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ✓ MURRY COHEN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	MURRY COHEN
STREET ADDRESS	4140 Battersea Road
CITY-ST-ZIP	Coconut Grove, Fl. 33133
TITLE	VP/D
NAME	MICHAEL W. KIRSHON
STREET ADDRESS	7700 West Camino Real, Suite 400
CITY-ST-ZIP	Boca Raton, Fl. 33433
TITLE	S/T/D
NAME	RICHARD H. HARRIS
STREET ADDRESS	6400 N. Andrews Avenue, Suite 320
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33309
TITLE	
NAME	
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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓ MURRY COHEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #