## 2001 UNIFORM BUSINESS REPOR∓ (USR)

SIGNATURE:

May 18, 2001 8:00 am Secretary of State DOCUMENT # P0000005622 1. Enlity Name EINSTEIN COMPUTER CORP. 04-23-2001 90125 010 \*\*\*150.00 Principal Place of Business Mailing Address 1601 N. HARISON PARKWAY 1601 N. HARISON PARKWAY SUITE 200 A SUITE 200 A Sunrise Fl 33323 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required: 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBIN, MARCI A ESQ. Street Address (P.O. Box Number is Not Acceptable) 1601 N. HARISON PARKWAY SUITE 200, BLDG. A SUNRISE FL 33323 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Delete Change Change TITLE TITLE MERL, BRETT NAME NAME 10213 VESTAL COURT TREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33071** Change Addition **Delete** TATLE TITLE CAMPANARO, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1 OCEAN RIDGE COURT CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Addition Change ☐ Delete IIII F NAME RUBIN, MARCI NAME STREET ADDRESS STREET ADDRESS 927.1 OAK GROVE CIRCLE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 TITLE Delete -TITLE ☐ Change ☐ Addition SAMACH, MICHAEL NAME STREET ADDRESS 315 PALM BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Weston Fl 33326 Delete ☐ Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

4/2