## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P0000011467 5TH AVENUE BUILDING CORPORATION 04-10-2001 90140 031 \*\*\*150.00 Principal Place of Business Mailing Address POST OFFICE BOX 22335 POST OFFICE BOX 22335 FORT LAUDERDALE FL 33335 FORT LAUDERDALE FL 33335 00033770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0795036 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATHANS, PHILIP S Street Address (P.O. Box Number is Not Acceptable) 101 N.W. 5TH AVENUE FORT LAUDERDALE FL 33311-9141 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW'III 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. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Change. TITLE PRESIDENT, SERETARY \_\_\_ Delete TITLE NAME NAME PHILLE S NATHANS STREET ADDRESS STREET ADDRESS PO BOX 22335 CITY-ST-7/P CHY-ST-ZIP FORT LAUDERDALE VICE PRESIDENT. TREASURER THLE TITLE □□ Change Addition NAME YVETTE FELDMAN NAME ZIONS COCEAN DE 1700 STREET ADDRESS STREET ADDRESS FOUT LAUDEEDALE FL 33316-3518 City-St-7P DITY - ST - ZIP THEE ☐ Delete TITLE ☐ Chance Addition NAME NAMS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Tila ☐ Change Addition NAME MAME STREET ADDRESS STREE! ADDRESS CITY-ST-7.P C!TY-ST-ZIP TITLE Delete 1111.6 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S\*-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; that I am an officer or cirector 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZiP

YVETTE TELDMAN