Marsed 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P000000149210 ITPS, INC. FILED 01 APR 18 PH 2: 57 Principal Place of Business Mailing Address N.E. 164 ST. #401 2221 SEGRETAR A OF STATE PABLAHASSEE FLORIDA NORTH MIANI BEACH, FL 33160 2. Principal Place of Business 3. Mailing Address SAME 2221 NE 164 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 401 City & State City & State Applied For 4. FEI Number NORTH MIAMI BEACH 59-3628909 Not Applicable 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 Name RICHARD GROSSFELD RUBIN MARC Street Address (P.O. Box Number is Not Acceptable)
2634 OAKBROOK DR. 3740 N.W. BO ST. MIAMI, FL 33147 Zip Code 333332 <u>Weston</u> 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. 4-11-01 DATE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State S ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PRES. , VP, SEC. RICHARD GROSSFELD PRES. VP, SEC.
MARC RUBIN
2634 OAKBROOK DR. Delete TITLE NAME 3740 NW. BO ST. STREET ADDRESS STREET ADDRESS WESTON, FL 33332 MIAMI, FL 33147 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 200004082492-NAME NAME -04/26/01--01109--014 STREET ADDRESS STREET ADDRÉSS \*\*\*\*\*61.25 \*\*\*\*\*61.25 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)