2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P0000025158 RUDMAN, INC. 03-02-2001 90057 029 ***150.00 Principal Place of Business Mailing Address 1201 SOUTHWEST 1ST AVENUE 1201 SOUTHWEST 1ST AVENUE FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address 201 SIN 2015W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Apolicable Country Zip \$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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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) DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) PTD TITLE Change Addition TITLE ☐ Delete NAME RUDMAN, RICHARD L NAME STREET ADDRESS STREET ADDRESS 1201 SOUTHWEST 1ST AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Delete TITLE Change Change ☐ Addition TITLE RUDMAN, JOYCE M NAME NAME STREET ADDRESS STREET ADDRESS 1201 SOUTHWEST 1ST AVENUE CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Defete TITLE Change ☐ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED