SR 208

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 21, 2001 8:00 am Secretary of State P00000038644 DOCUMENT # 1. Entity Name TOWN CENTER DELL. INC. 08-21-2001 90031 042 ***550.00 Principal Place of Business Mailing Address 15851 SW 41ST STREET 15851 SW 41ST STREET DAVIE FL 33331 DAVIE FL 33331 3. Mailing Address 2 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 105-100n4 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required Dismorc 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name PLOTNICK, RICKY Harboston G. Street Address (P.O. Box Number is Not Acceptable) 15851 SW-41ST STREET Weston FC. 33331 .DAVIE FL-63331 Zip Code City FL dement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named epith SIGNATURE DATE tered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (5/01) ☐ Addition resident X Change Delete TITLE TITLE PLOTNICK, RICKY NAME NAME 15851 SW 41ST STREET STREET ADDRESS STREET ADDRESS -DAVIE-FL-33331 CITY-ST-ZIP CITY-ST-ZIP Change **Addition** ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition TITLE Delete_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 eath; 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 ner like empowered.