FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 16, 2002 8:00 am Secretary of State P0000039882 DOCUMENT # 1. Entity Name 07-16-2002 90368 027 ***150.00 MICHAEL SCOTT ASSOCIATES, INC. Principal Place of Business Mailing Address 300 S. PINE ISLAND ROAD 300 S. PINE ISLAND ROAD SUITE 205 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 300 S PINE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1001283 FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHADE, HENRY W Street Address (P.O. Box Number is Not Acceptable) 2000 GLADES ROAD SUITE 324 **BOCA RATON FL 33431** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State NA 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SADAKA, MICHAEL NAME 300 S. PINE ISLAND ROAD, SUITE 205 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33324** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ~~ CITY-ST-ZIP TITLE Delete TITLE ` Change 2'Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 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.

Hachment # 200000039883

July 11, 2002

To whom it may concern,

I have enclosed-the uniform business report along with a check for \$150.00. Please waive the late fee as this is the first notice that I have received. We are also a new business so I was unaware this report was due every year. Thank you for your consideration.

Michael Sadaka President