2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P0000040313 1. Entity Name PLUM'S PLAZA BUILDING, INC. 05-14-2001 90074 034 ***150.00 Principal Place of Business Mailing Address P.O. BOX 277688 P.O. BOX 277688 MIRAMAR FL 33027-7688 MIRAMAR FL 33027-7688 1 24 14 DO NOT WRITE IN THIS SPACE Suite Apt. #. etc Applied For 4. FEI Numbe Not Applicable \$8.75 Additional 5-Certificate of Status Desired-7. Name and Address of New Registered Agent Name and Address of Current Registered Agent REITANO, GERARD A Street A C/O TR HERRERA FINANCIAL SERVICES, INC. 17974 SW 33RD CT. MIRAMAR FL 33029-1636 nging its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE (NOTE: Registered Agent signature required when reinstating) title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **X** Change ☐ Addition ☐ Delete TITLE TITLE REITANO, GERARD A NAME NAME P.O. BOX 277688 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIRAMAR FL 33027-7688 Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP filing does not qually for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director conference to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information sup ed with this filing indicated on this report or supplemental report is true and of the corporation or the receipting trustee epipowerer to changed, or on an attachmy t with an wered.

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE