2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90336 024 ***150.00

DOCUMENT # P00000041595

1. Entity Name
1644 HOLDING CORP.

Principal Place of Business	Mailing Address
1644 N.E. 2ND AVENUE MIAMI FL 33132	1644 N.E. 2ND AVENUE MIAMI FL 33132

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1001658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDICH, LAWRENCE A 1644 N.E. 2ND AVENUE MIAMI FL 33132	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P ☐ Delete NAME GORDEN, LAWRENCE STREET ADDRESS 1644 NORTH EAST 2 ND CITY-ST-ZIP MIAMI FL 33132	TITLE P ☒ Change ☐ Addition NAME GORDICH, LAWRENCE STREET ADDRESS 1644 NORTHEAST 2ND AVE CITY-ST-ZIP MIAMI, FL 33132
TITLE S ☐ Delete NAME GORDIN, STEPHEN STREET ADDRESS 1644 NORTH EAST 2ND AVENUE CITY-ST-ZIP MIAMI FL 33132	TITLE S ☒ Change ☐ Addition NAME GORDICH, STEPHEN STREET ADDRESS 1644 NORTHEAST 2ND AVE CITY-ST-ZIP MIAMI, FL 33132
TITLE T ☑ Delete NAME EINTRAUD, PAUL W STREET ADDRESS 1128 CEDAR FALLS DRIVE CITY-ST-ZIP WESTON FL 33327	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED STEPHEN GORDICH 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E024 (10/02)