## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2002 8:00 am Secretary of State **DOCUMENT #** P00000046607 1. Entity Name MERCHEN PROPERTIES, INC. 04-30-2002 90145 047 \*\*\*150.00 Principal Place of Business Mailing Address 3015 BAYVIEW DRIVE 3015 BAYVIEW DRIVE FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1006722 Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent HURWITZ, MENVYN: HURWITZ Street Address (P.O. Box Number is Not Acceptable) 3015 BAYVIEW DRIVE FORT LAUDERDALE FL 33306 City Zip Code FI 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. e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 10. Election Campaign Financing (See criteria on back) \$5.00 May Be Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE NAME HURWITZ, MERVYN ☐ Addition NAME STREET ADDRESS 3015 BAYVIEW DRIVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-7IP TITLE ☐ Delete TITLE NAME CHENCIN, JOSEF Change Addition NAME STREET ADDRESS 3015 BAYVIEW DRIVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed or on an attachment with an address, with all other like appropried.

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF

☐ Delete

☐ Change

☐ Addition