2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State P00000047962 DOCUMENT # ` 1. Entity Name BERTANZETTI REALTY, INC. 02-13-2002 90225 010 ***150.00 Principal Place of Business Mailing Address C/O MATTHEW BERTANZETTI. C/O MATTHEW BERTANZETTI 1410 SWEETBAY WAY 1410 SWEETBAY WAY HOLLYWOOD: FL 33019-4836 HOLLYWOOD FL 33019-4836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1016577 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERTANZETTI, MATTHEW Street Address (P.O. Box Number is Not Acceptable) 2221 NE 15 CT. 1410 SWEETBAY WAY Ft. Laudendalo, FL 33304 HOLLYWOOD FL 33019-4836* City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. -After May 1, 2002 Fee will be \$550.00 -- --Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Addition ☐ Delete NAME BERTANZETTI, MATTHEW NAME STREET ADDRESS 1410 SWEETBAY WAY STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33019-4836 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME 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 ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIANATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 954522-7520

FILED