

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90338 026 ***150.00

DOCUMENT # P00000048254
1. Entity Name
TUFTS FAMILY CORP

DO NOT WRITE IN THIS SPACE

80053675

| | | | |
|--|--|---|--|
| 2. Principal Place of Business 100 LINCOLN ROAD Suite, Apt. #, etc. SUITE 1448 City & State MIAMI BEACH, FL Zip 33139 Country USA | | 3. Mailing Address C/O DAVID TUFTS Suite, Apt. #, etc. 710 BROADWAY (9TH FL) City & State NEW YORK, NY Zip 10003 Country USA | |
|--|--|---|--|

4. FEI Number
58-2550898

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|--|----------------------|
| Name SCOTT A. MARCUS | |
| Street Address (P.O. Box Number is Not Acceptable) 300 BISCAYNE BOULEVARD WAY SUITE 1111 | |
| City MIAMI | FL Zip Code 33131 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|--|---|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|---|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVST DAVID A. TUFTS 100 LINCOLN ROAD (STE 1448) MIAMI BEACH, FL 33139 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 3/12/02 202-667-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #