2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 27, 2002 8:00 am Secretary of State **DOCUMENT #** P00000060336 1. Entity Name LAW OFFICES OF NANCY D. WIENER, P.A. 05-27-2002 90331 047 ***150 00 Principal Place of Business Mailing Address MERCEDE EXECUTIVE PARK MERCEDE EXECUTIVE PARK 1802 NORTH UNIVERSITY DRIVE. SUITE 100C 1802 NORTH UNIVERSITY DRIVE, SUITE 100C PLANTATION FL 33322 PLANTATION FL 33322 DO NOT WRITE IN THIS SPACE ste loi N 4. FEI Number Applied For 65-1022507 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33 o STOWAR Fee Required 6. Name and Address of Current Registered Agent WIENER, NANCY ESQ. LAW OFFICES OF NANCY D. WIENER, P.A. 1802 N. UNIVERSITY DRIVE, SUITE 100C PLANTATION FL 33322 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution, (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01 NAME WIENER, NANCY NAME STREET ADDRESS 1802 NORTH UNIVERSITY DRIVE, SUITE 100C STREET ADDRESS CITY-ST-7IP PLANTATION FL 33322 Fat Laulerlake, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR