2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR RRINTED NAME OF SIGNING

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P0000064586 J PORTNOY REALTY, INC. 04-18-2001 90055 023 ***150.00 Principal Place of Business Mailing Address 2100 WEST 76TH STREET 2100 WEST 76TH STREET SUITE 403 SUITE 403 UUU47778 HIALEAH FL 33016-5504 HIALEAH FL 33016-5504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1021490 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PORTNOY, JOSE Street Address (P.O. Box Number is Not Acceptable) 2100 WEST 76TH STREET SUITE 403 HIALEAH FL 33016-5504 City Zio Cade 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 agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 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, 2001 Fee will be \$550.00 П 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 PD TITLE ☐ Delete TIT! E 🔀 Addition VEST 76 ST. #403 MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 4IALEAH CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE X Addition NAME NAME STREET ADDRESS STREET ADDRESS 33016-1204 C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Cnange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.