FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # P00000067293 1. Entity Name R J PROPERTY GROUP, INC. 02-26-2002 90050 026 ***150.00 Principal Place of Business Mailing Address 2101 WEST COMMERCIAL BOULEVARD 2101 WEST COMMERCIAL BOULEVARD **SUITE 4100 SUITE 4100** FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 7/temiso Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1025672 Not Applicable \$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 FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BOULEVARD **SUITE 4100** FORT LAUDERDALE FL 33309 マッとつ 8. The above named entity submits this statement fg rpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) TITLE TITLE ☐ Delete KANTER, ADAM 17 1 temson 5t, #100 NAME NAME 2101 WEST COMMERCIAL BOULEVARD SUITE 4100 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY_ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME KANTER, STEPHANIE NAME STREET ADDRESS 2101 WEST COMMERCIAL BOULEVARD SUITE 4100 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33309 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-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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