2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P0000067323 1. Entity Name STOLLMAN & GRUBMAN, P.A. -25-2001 90152 032 ***150.00 Principal Place of Business Mailing Address 3720 CANTERBURY WAY 3720 CANTERBURY WAY **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Federal HWY 2424 <u>Lederal</u> 2424 N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 450 City & State City & State Applied For Boca Raton Raton 102406 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 1 SM 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Grubman, GRUBMAN, JEFFREY S 3720 CANTERBURY WAY **BOCA RATON FL 33434** 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 gent signature required when reinstating) DATE 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, 2001 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. D /P TITLE TITLE ☐ Delete Change ☐ Addition GRUBMAN, JEFFREY S NAME NAME STREET ADDRESS 3720 CANTERBURY WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATON FL 33434 D /V TITLE ☐ Delete TITLE Change Addition STOLLMAN, MARC NAME NAME 3720 CANTERBURY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33434 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 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

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

~/- NAII-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Daytime Phone #