2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am[§] Secretary of State P00000067786 DOCUMENT # 1. Entity Name 05-27-2002 90493 012 ***150.00 PRIME PROPERTY REALTY, INC. Mailing Address Principal Place of Business 3317 NE 16TH CT. 667 S. DIXIE HWY. OWNERDOWN FT. LAUDERDALE FL 33305 POMPANO BCH FL 33063 3. Mailing Address 2. Principal Place of Business 3000 N.E. 30 PLACE N.E. 30 PLACE 3*000* DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 202 A SUITE Applied For 4. FEI Number City & State City & State APPLIED FOR Not Applicable LAUDERDALE ET. LAUDERDALE, = T. Country \$8.75 Additional Zip 5. Certificate of Status Desired U.S.A Fee Required 33306 USA 33306 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAUM, GREGORY A Street Address (P.O. Box Number is Not Acceptable) 3317 NE 16TH CT. FT. LAUDERDALE FL 33305 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE TITLE BAUM, GREGORY A NAME_ NAME 3000 N.E. 30 PL. SUITE 202A STREET ADDRESS 3317 NE 16 CT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 FT, LAUDERDALE, FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE

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 trusts of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the receiver of the receive with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAUM, PRES