2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # P0000076568 FLORIDA FIRST TITLE COMPANY 05-10-2001 90094 038 ***150.00 Principal Place of Business Mailing Address 6421 CONGRESS AVENUE 6421 CONGRESS AVENUE SUITE 100 SUITE 100 **BOCA RATON FL 33487 BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ムリークラファラン Not Applicable Zip 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 ROUTMAN, LLOYD M ESQ. Street Address (P.O. Box Number is Not Acceptable) 6421 CONGRESS AVENUE SUITE 100 **BOCA RATON FL 33487** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition TITI F ☐ Delete SCHACHTER, JOYCE D NAME NAME STREET ADDRESS 6421 CONGRESS AVENUE SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF **BOCA RATON FL 33487** D TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROZALES, SANFORD A NAME NAME STREET ADDRESS 6421 CONGRESS AVENUE SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Delete TITLE - 🔄 Change - 🔃 Addition ROUTMAN, LLOYD M NAME NAME STREET ADDRESS 6421 CONGRESS AVENUE SUITE 100 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33487** CITY-ST-ZIP Delete 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 epoths 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 trastee 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

SIGNATURE: