2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101171 05-03-2001 90479 001 *2.250.00 GENLOR DEVELOPMENT, INC. Principal Place of Business Mailing Address PO BOX 9588 PO BOX 9588 FT. LAUDERDALE FL 33310 FT. LAUDERDALE FL 33310 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 36-3487337 Not Applicable Ζiρ Country 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 SITTER, GENE C Street Address (P.O. Box Number is Not Acceptable) 2526 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311 Zip Code FL 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 if applicable. (NOTE: Registered Agent 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Addition TITLE CHRIST, J NAME MAKE STREET ADDRESS 2526 W. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33311 CITY-ST-7IP TIRE ☐ Delete TITLE ☐ Change Addition SITTER, LM. NAME NAME STREET ADDRESS 2526 W. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SITTER, GENE C NAME NAME STREET ADDRESS 2526 W. OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 each; 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-ZIP

GIGHAI OHL.	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR			Date	Daytime Phone #	-	
SIGNATURE: _	Son	Gene C	. Sitter.	Director	04-26-01	954-735-8800	

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FILED May 30, 2001 8:00 am Secretary of State