2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** P00000111634 1. Entity Name NATCO DEVELOPMENT & CONSTRUCTION CORP. 04-22-2002 90224 036 ***150.00 Principal Place of Business Mailing Address 700 W HILLSBORO BLVD 700 W HILLSBORO BLVD **BUILDING 2 SUITE 102 BUILDING 2 SUITE 102** DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 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 65-1067500 Not Applicable Zip 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 FRAZIER, ROBERT W JR Street Address (P.O. Box Number is Not Acceptable) 2400 EAST COMMERCIAL BLVD STE 826 FT LAUDERDALE FL 33308 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition CHERNIN, RALPH NAME NAME STREET ADDRESS 1812 SOUTH WEST 17TH STREET STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33486** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME KALICHMAN, NATHAN NAME STREET ADDRESS 19333 COLLINS AVE #810 STREET ADDRESS CITY-ST-ZIP N MIAMI BEACH FL 33486 CITY-ST-ZIP TITLE Detete-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-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED