## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2002 8:00 am Secretary of State P01000008186 DOCUMENT # 1. Entity Name 04-28-2002 90776 038 \*\*\*150.00 OLTC, INC. Principal Place of Business Mailing Address 1415 E SUNRISE BLVD SUITE 100 1415 E SUNRISE BLVD SUITE 100 FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 5600 NW 102 AVE 5600 NW 102 AUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE M SUITE Applied For 4. FEI Number City & State City & State SUN RISE SUNRISE 65-1068602 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 333Sı USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRESS GRESS, RONALD 2108 N 32ND AVE HOLLYWOOD FL 33304 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE RONALD GRESS 5600 NW 102 AVE GRESS, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 2108 N 32ND AVE SUITE M HOLLYWOOD FL 33304 CITY-ST-ZIP FL 33351 CITY-ST-ZIP SUNRISE TITLE ☐ Addition ☐ Delete ٧S TITLE BOLDSTEIN, BERNARD NAME GOLDSTEIN, BERNARD NAME 5600 NW 102 AVE STREET ADDRESS STREET ADDRESS 324 BAMBOO RD SUITE M CITY-ST-ZIP SINGER ISLAND FL 33404 3335 CITY~ST=7IP SUNRISE TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this jiling 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 eport 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.

SIGNATURE:

SIGNATURE AND TYPED