FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
03-03-2002 90093 022 ***150.00
04-02-2002 90967 047 ***150.00

B0056858

DOCUMENT # P01000009123

1. Entity Name

C/o Wolfson, Farkas & Garvey, P.C.

Raleigh Building, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9600 W. Sample Rd.	104-18 Metropolitan Ave
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State Coral Springs, FL	City & State Forest Hills, N.Y. 11375-6736
Zip 33065 Country USA	Zip 11375-6736 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1079906 — Applied for / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Andrew I. Sneider

Street Address (P.O. Box Number is Not Acceptable) 3232 N.W. 62nd Lane

City Boca Raton **FL** Zip Code 33496-3395

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] 3/12/02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	TITLE	
NAME	Andrew I. Sneider	NAME	
STREET ADDRESS	3232 N.W. 62nd Lane	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33496-3395	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/12/02 C/o J. Farkas 718 459 8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #