FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90813 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023166

1. Entity Name
PROPERTY LEASING AND MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1630 EMERALD DR. SINGER ISLAND, FL 33404	1630 EMERALD DR. SINGER ISLAND, FL 33404

2. Principal Place of Business	3. Mailing Address
2525 Lake Drive	2525 Lake Dr. #PH
Suite, Apt. #, etc. Suite PH	Suite, Apt. #, etc. PH
City & State Singer Island, FL	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0456957 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDBERG, JACOB 1230 EMERALD DR. SINGER ISLAND, FL 33404 Address Change	Name Jacob Goldberg Street Address (P.O. Box Number is Not Acceptable) 2525 Lake Dr. Suite PH City Singer Island FL Zip Code 33404

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jacob Goldberg
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, JACOB 1230 EMERALD DR. SINGER ISLAND, FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2525 Lake Dr. #PH Singer Island, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacob Goldberg Jacob Goldberg 4/21/03 561-840-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #