FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on a

SIGNATURE

Apr 18, 2002 8:00 am Secretary of State P01000026582 DOCUMENT # 1. Entity Name 04-18-2002 90417 019 ***158.75 AVALON OF AVENTURA, INC. Principal Place of Business Mailing Address 3135 N.E. 184TH STREET. #2301 3135 N.E. 184TH STREET. #2301 AVENTURA FL 33160 **AVENTURA FL 33160** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1091612 Not Applicable Country Country \$8,75 Additional Zip 5. Certificate of Status Desired XXFee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVID M. GAYNES, ESQUIRE GOLUB, ERIC J Street Address (P.O. Box Number is Not Acceptable) 7153 Catania Drive 3135 N.E. 184TH STREET, #2301 **AVENTURA FL 33160** City Zin Code 33437 Boynton Beach 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. DAVID M. GAYNES, ATTORNEY LAW SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME GOLUB, ERIC J. NAME STREET ADDRESS 3135 N.E. 184TH STREET, #2301 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F 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 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 of 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

ERIC J. GOLUB

TURE AME TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2002