May 08, 2002 8:00 am & Secretary of State **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) P01000065696 DOCUMENT # 1. Entity Name PRINCE GEORGE'S APARTMENT HOLDINGS INC. 05-08-2002 90110 028 ***150.00 Principal Place of Business Mailing Address 4513 W TRADEWINDS AVE 4513 W TRADEWINDS AVE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Busine 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #5610 DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 39-Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee.Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **P** FRDMANDKE, DETLEF ober is Not Acceptable 4513 W TRADEWINDS AVE FT LAUDERDALE FL 33308 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. PRESIDENT TITLE TITLE RICHARD T. STAGE 900 N. OCEAN BLVD. NAME NAME STREET ADDRESS 900 N. OCEAN BLVD. STREET ADDRESS POMPANO BEACH, FL. CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Maddition Delete 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-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 Block 12 if changed, or on an attachment with an

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS

CITY-ST-7IP