## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State P01000069415 **DOCUMENT #** 1. Entity Name 04-24-2002 90363 026 \*\*\*150.00 CARUSO & GROSS MANAGEMENT, INC. Mailing Address Principal Place of Business 6971 N. FEDERAL HWY., #300 BUULOOMO 6971 N. FEDERAL HWY.. #300 **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1108 ENEWPORT CENTER 1108 ENEW PORT CENTER Deive Applied For 4. FEI Number City & State City & State Deerfield Bouch Not Applicable 65-1121 599 Deer field \$8.75 Additional Country Zip Country\* 5. Certificate of Status Desired USA USA Fee Required 33442 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GROSS, RICHARD J Street Address (P.O. Box Number is Not Acceptable) DRIVE 1108 E, NewPORT Center 6971 N. FEDERAL HWY., #300 **BOCA RATON FL 33487** Zip Code 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 4-11-02 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE Caruso, Michael A NAME MAME 1108 E NewPort Center Drive Deerfield Beach Fl 33442 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 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 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)