2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 21, 2002 8:00 am Secretary of State P010000ଅ। ୫େ DOCUMENT # 1. Entity Name SSFC PROPERTIES NUMBER TEN INC 05-21-2002 91189 037 ***150.00 Principal Place of Business Mailing Address 3389 Stheridan st. 3389 Sheridan st. # 2/18 Holly wood FL IF boodylloff 825# 33021 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **0**1-0564862 Not Applical Zip Country Country 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 Jeannette Blanco Name 3389 Steridan of # 248 Street Address (P.O. Box Number is Not Acceptable) Hollywood FL 33021 City Zip Code 8. The above named entity sub its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATION (NOTE*Registered Agent signature required when reinstating) FILE NOW!!! FEE:IS(\$150.00) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Yice president ☐ Delete TITLE Addition NAME Jeannette Blanc NAME STREET ADDRESS STREET ADDRESS 3389 Sheridan CITY-ST-ZIP* CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Additic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change NAME ☐ Additio NAME STREET ADDRESS STREET ADDRESS 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 supplied ential 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 changed, or on an artachment with an address, with all other like empowered. SIGNATURE ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #