2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Apr 24, 2002 8:00 am Secretary of State P01000104457 DOCUMENT # KELAHER REAL ESTATE HOLDINGS, INC. 04-24-2002 90284 048 ***150.00 Principal Place of Business Mailing Address 1108 SE 14TH TERRACE 1108 SE 14TH TERRACE **DEERFIELD BEACH FL 33441** DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address above same as same as Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-1148313 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANCHEZ, DOLORES K ESQ Street Address (P.O. Box Number is Not Acceptable) 4701 N FEDERAL HWY SUITE 316 LIGHTHOUSE POINT FL 33064 Zip Code City 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. SIGNATURE DATE (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 **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. (9/01)☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME KELAHER, THOMAS M NAME CR2E034 1108 SE 14TH TERRACE STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33441** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME KELAHER. MARTHA J STREET ADDRESS 1108 SE 14TH TERRACE STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIF Addition Change Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

homas M·Kelaher) 4/13/02