2002 UNIFORM BUSINESS REPORT (UBR)

r 1LED May 23, 2002 8:00 am Secretary of State 05-23-2002 90120 202 P31419 DOCUMENT # 1. Entity Name FRANKEL ENTERPRISES, INC. Principal Place of Business Mailing Address 1845 WALNUT ST., 16TH FLOOR 1845 WALNUT ST., 16TH FLOOR PHILADELPHIA PA 19103 PHILADELPHIA PA 19103 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 23-1913415 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HYMAN, SHERRY LEFKOWI Street Address (P.O. Box Number is Not Acceptable) 200 ADMIRALS COVE BLVD JUPITER FL 33477 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition FRANKEL, BENJAMIN NAME NAME STREET ADDRESS 1845 WALNUT ST., 16TH FL STREET ADDRESS PHILADELPHIA PA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FRANKEL, THOMAS NAME NAME STREET ADDRESS 200 ADMIRALS COVE BLVD STREET ADDRESS CITY-ST-7IP JUPITER FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FRANKEL, WILLIAM NAME NAME 1845 WALNUT ST., 16TH FL STREET ADDRESS STREET ADDRESS PHILADELPHIA PA CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4/24/02