2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P9200006506 KENDAL APARTMENTS CONSOLIDATED, INC. 04-24-2001 90232 048 ***150 00 Principal Place of Business Mailing Address 6550 NORTH FEDERAL HWY. 6550 NORTH FEDERAL HWY. STE. 340 STF 340 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Svite 240 منطو 940 City & State City & State 4. FEI Number Applied For 65-0369328 Not Applicable Zip Zip Country Country \$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 CANTOR, SAMUEL J Street Address (P.O. Box Number is Not Acceptable) 1489 W. PALMETTO PARK ROAD SUITE 485 **BOCA RATON FL 33486** 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. DATE 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PN TITLE ☐ Addition TITLE BISTRICER, BETTY NAME NAME 6550 N. Federal Hwy, Svite 240 STREET ADDRESS 6550 NORTH FEDERAL HWY., STE. 340 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP DIRECTOR, PRESIDENT Change TITLE ☐ Delete TITLE NAME NAME Federal Highway, Sorte 240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DINECTOR SECTION RAPHAEL ECERHY TITLE TITLE ☐ Delete NAME NAME 6500 North Aderal Highway, 501/2 240 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 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP y for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supplem of the corporation or the receiver changed, or on an attachment w SIGNATURE:

IG OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)