2001 UNIFORM BUSINESS REPORT (UBR)

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Feb 27, 2001 8:00 am DOCUMENT # P92000009985 1. Entity Name **Secretary of State** FRIEDBERG GROUP, INC. 02-27-2001 90321 021 ***150.00 Principal Place of Business Mailing Address 400 EAST OAKLAND PARK BLVD C/O GRUBER AND ASOCIATES, P.A. TE 107-109 1650 SOUTHEAST 17TH STREET SUITE 301 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33316-1735 US 2. Principal Place of Business 3. Mailing Address BOULDVAL Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0372993 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 FRIEDBERG, GARRY Street Address (P.O. Box Number is Not Acceptable) 1400 EAST OAKLAND PARK BLVD SUITE 107-109 FORT LAUDERDALE FL 33334 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition CR2E034 (10/00) TITLE ☐ Change TITLE ☐ Defete FRIEDBERG, GARRY NAME NAME STREET ADDRESS 1400 EAST OAKLAND PARK BLVD SUITES 107-109 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 TITLE TITLE ☐ Change Addition ☐ Delete NASS ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplemental report is frue 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 receipt or trustee error of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if