2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all,

SIGNATURE:

FILED DOCUMENT # P92000010355 May 04, 2000 8:00 am Secretary of State 1. Entity Name BRT INVESTMENTS, INC. 05-04-2000 90175 050 ***150.00 Principal Place of Business Mailing Address 999 WASHINGTON AVENUE 555 N.E. 15TH ST. MIAMI BEACH FL 33139-5015 MIAMI BEACH FL 33132 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 65-0373330 Not Applicable Zip Country Zip 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 ABRAHAM A. GALBUT 999 WASHINGTON AVE Sharon Christenbury, Esq. 555 N.E. 15th Street, Second Floor MIAMI BEACH FL 33139 Miami, Florida 33132 8. The above named entity submits this statement for the purpose of Sharon Christenbury, Esq. 555 N.E. 15th Street, Second Floor SIGNATURE Miami, Florida 33132 me of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE GALBUT, RUSSELL W NAME NAME 999 WASHINGTON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Addition PD : ☐ Change ☐ Delete TITLE TITLE KAHN, SONNY NAME NAME 999 WASHINGTON AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE DACHOH, SHLOMO NAME 555 NE 15 STREET, 2ND FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP Change Addition ☐ Delete TITLE GALBUT, ABRAHAM A NAME NAME 999 WASHINGTON AVENUE STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE **GUTIERREZ, MIGUEL** NAME NAME STREET ADDRESS 555 NE 15 STREET, 2ND FL STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33132** CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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