2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # P93000045530 1. Entity Name WESTVIEW APARTMENTS OF DAVIE, INC. 04-30-2002 90146 045 ***150.00 Principal Place of Business Mailing Address 5060 SW 64TH AVENUE "5060 SW 647H AVENUE STE. 114 -CUITE 114 DAVIE FL 33314 DAVIE FL 33314 US US 2. Principal Place of Business 3. Mailing Address 17735 Fieldbrook Cir. N. Suite, Apt. #, etc. " &-Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Boca Raton, \mathbf{FL} 65-0420240 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33496 Palm Beach 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCIA H. LANGLEY *LANGLEY, R. J Street Address (P.O. Box Number is Not Acceptable) 5060 SW-64TH AVENUE 2255 Glades Road, Suite 419 STE: 114 DAVIE FL 33314 City Zip Code Boca Raton 33<u>431</u> 8. The above named entity submit purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 4/15/02 Ç. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State П Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 NAME LANGLEY, R. JEFFREY NAME STREET ADDRESS 5000 9W 04TH AVENUE, #114 STREET ADDRESS. 17735 Fieldbrook Circle N. CITY-ST-ZIP Davie fl CITY-ST-ZIP Boca Raton, FL 33496 **VPD** Delete TITLE Change ☐ Addition NAME LANGLEY, MARCIA NAME STREET ADDRESS 17735 Fieldbrook Circle N. 5060 SW 64TH AVENUE, #114 STREET ADDRESS CITY-ST-ZIF DAVIE FL Boca Raton, FL 33496 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-ZIP CITY-ST-ZIP STITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like employered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MALKAT BANKEYPE AND GHE YAM OF SIGNING

4/15/02 Date

(561)912-3204

Daytime Phone #