2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P93000060478 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name LAUDERHILL REALTY CORP. 04-03-2000 90030 039 ***150.00 Principal Place of Business Mailing Address 7491 WEST OAKLAND PARK BLVD 27 N. WOODLAND ST. LAUDERHILL FL 07631 ENGLEWOOD NJ 07620-0817 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0435691 N. J. Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOMISCO INCORPORATION, INC. Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE. SUITE 800 WEST PALM BEACH FL 33401 Zip Code FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE M Change ☐ Addition TITLE ☐ Delete MALHAME, MARY L NAME NAME P.O. BOX 817 STREET ADDRESS %27 N. WOODLAND ST. STREET ADDRESS ALPINE, NJ 07620 ENGLEWOOD NJ 07631 CITY-ST-ZIP CITY-ST-ZIP TITLE (X) Change ☐ Addition ☐ Delete TITLE HAKIM, JOYCE NAME NAME P.O. BOX 817 %27 N. WOODLAND ST. STREET ADDRESS STREET ADDRESS ALPINE, NJ 07620 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD NJ 07631 (X) Change ☐ Addition ☐ Delete TITLE TITLE MCNUTT, BRADLEY NAME NAME P.O. BOX 817 ALPINE, NJ 07620 %27 N. WOODLAND ST. STREET ADDRESS STREET ADDRES CITY-ST-ZIP ENGLEWOOD NJ 07631 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR