

4/23

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90199 026 \*\*\*150.00

**DOCUMENT # P93000081441**

1. Entity Name

**REDPATH INVESTMENT CORPORATION**

Principal Place of Business

1500 PASLAY PLACE  
MANALA PARK FL 33462

Mailing Address

2240 SW 16TH PL  
BOCA RATON FL 33406

- 3260

2. Principal Place of Business

141 NW 20th ST

3. Mailing Address

Suite, Apt. #, etc.

B-5

Suite, Apt. #, etc.

City &amp; State

BOCA RATON FL

City &amp; State

Zip

33431

Country

USA

Zip

33486

Country

4. FEI Number

65-0458289

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COPROLITE CORPORATION**1 SE 3 AVE  
SUITE 1400-A  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Chapin Armstrong Ballerino

Street Address (P.O. Box Number is Not Acceptable)

1201 NE 8th ST

City

Delray Beach

FL

Zip Code

33493

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

Chapin Armstrong Ballerino  
Vice President

(NOTE: Registered Agent signature required when reinstating)

8/8/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEXELMAN, STUART	
STREET ADDRESS	2240 SW 16TH PLACE	
CITY-ST-ZIP	BOCA RATON FL 33486	OK

TITLE	VP	<input type="checkbox"/> Delete
NAME	WEXELMAN, HOWARD	
STREET ADDRESS	2476 N.W. 64TH ST.	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEXELMAN, STUART	
STREET ADDRESS	2240 SW 16TH PLACE	
CITY-ST-ZIP	BOCA RATON FL 33486	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEXELMAN, HOWARD	
STREET ADDRESS	2476 N.W. 64TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 33496	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEXELMAN, HOWARD	
STREET ADDRESS	2476 N.W. 64TH ST.	
CITY-ST-ZIP	BOCA RATON, FL 33496	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STUART WEXELMAN

Date

01/01/01

Daytime Phone #

561/750-0500

CR2E034 (10/00)