FILED Jul 31, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000084239 Secrétary of State 07-31-2002 90098 001 *1.800.00 HALLANDALE THRIFT MANAGEMENT, INC. Principal Place of Business Mailing Address 3149 W HALLANDALE BEACH BLVD 3149 W HALLANDALE BEACH BLVD 98023 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address 2900 Paddock Doad Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0459957 Not Applicable 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 LITTLE, ILEEN Street Address (P.O. Box Number is Not Acceptable) 3141 W HALLANDALE BCH BLVD HALLANDALE FL 33009 City Zio 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change ☐ Addition LITTLE, ILEEN NAME STREET ADDRESS 3141 W HALLANDALE BCH BLVD STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME DOUGLAS, MARC NAME STREET ADDRESS 3141 W HALLANDALE BEACH BLVD STREET ADDRESS CITY-ST-7IP HALLANDALE FL 33009 CITY-ST-ZIP TITLE **DCFO** Delete TITLE Change ■ Addition NAME WILEY, STEPHEN L NAME STREET ADDRESS 3141 W HALLANDALE BEACH BLVD STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP TITLE Delete ☐ 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-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.

SIGNATURE