2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 08, 2001 8:00 am DOCUMENT # **P94000011878 Secretary of State** TOWNE MANAGEMENT, INC. 02-08-2001 90383 030 ***150.00 Principal Place of Business Mailing Address **GELBER & COMPANY** 4598 S.W. 35TH AVE. FT. LAUDERDALE FL 33312 285 NW 199TH ST #204 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address GELBER & COMPANY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 285 N.W. 199th STREET, #204 4. FEI Number City & State Applied For City & MAMI, FL 33169 65-0540305 Not Applicable Zip 305-651-8000 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 Name TOWNE, JEANNE Street Address (P.O. Box Number is Not Acceptable) 4598 SW 35TH AVENUE FT. LAUDERDALE FL 33312 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 11. 12. TITLE ☐ Delete Addition CR2E034 (10/00 TOWNE, JEANNE NAME NAME STREET ADDRESS STREET ADDRESS 4598 S.W. 35TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete 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-7IP 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-7IP 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 of ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with ther like empowered. n address, with al

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR