2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am **Secretary of State** P94000036645 DOCUMENT # 1. Entity Name 02-24-2002 90048 023 ***150.00 PINES TROLLEY CO., INC. Principal Place of Business Mailing Address 998 S MILITARY TR 998 S MILITARY TR DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1757146 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, JOSEPH D. Street Address (P.O. Box Number is Not Acceptable) 4500 NW 12TH DRIVE POMPANO BEACH FL 33064 City Zip 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. SIGNATURE 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 \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Delete TITLE ☐ Addition TITLE NAME NAME PEREZ, JR J STREET ADDRESS STREET ADDRESS 4771 NW 13TH AVENUE CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME PEREZ, JOSEPH D STREET ADDRESS STREET ADDRESS 4500 NW 12TH DRIVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete Change ☐ Addition TITLE TITLE NAME PEREZ, DARCY STREET ADDRESS STREET ADDRESS 8804 SW 11TH ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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

SIGNATURE: