FILED

## · 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address,

## Apr 10, 2002 8:00 am Secretary of State **DOCUMENT #** P94000055535 1. Entity Name 4-10-2002 90442 001 \*\*\*150 00 EXCLUSIVE PROPERTY MANAGEMENT, INC. Principal Place of Business Mailing Address 1280 SW 36 AVE. 1280 SW 36TH AVE. 301 SHITE 301 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0522826 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IMMERHAN, ZIMMERHUW & HICEH MCCAMISH, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1152 NW 30TH CT., #108 WILTON MANORS FL 33311 8. The above named entity submits this statement for the purpose of changing its registered office or registered or both, in the State of Florida. ZIMERMA 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PDS TITLE CR2E034 (9/01 ☐ Delete Change ☐ Addition RYAN, CHRISTINE E NAME NAME 1280 SW 36TH AVENUE # 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE POMPANO BEACH FL 33069 CITY-ST-ZIP TDVP TITLE ☐ Delete ☐ Change Addition MCCANISH, MICHAEL A 1280 SW 36TH AVENUE # 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 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 ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change 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