2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2001 8:00 am Secretary of State DOCUMENT # P94000063377 1. Entity Name 05-18-2001 91591 040 ***158.75 MANAGE A TROIS OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 2201 Wilton Drive 2201 Wilton Drive Ft. Lauderdale, FL 33305 Ft. Lauderdale, FL 33305 552060 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 65-0517276 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ferraro, Frank Street Address (P.O. Box Number is Not Acceptable) 2201 Wilton Drive Ft. Lauderdale, FL 33305 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWINFEE IS \$150.00° 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ■ Addition TITLE DP NAME NAME Ferraro, Frank STREET ADDRESS STREET ADDRESS 2201 Wilton Drive CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, Fl TITLE ☐ Change TITLE ☐ Delete Addition DV NAME NAME Ravine, Nickie L STREET ADDRESS STREET ADDRESS 2201 Wilton Drive Ft. Lauderdale, Fl CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIII F ☐ Change Addition NAME NAME Zinn-Hobby, June A STREET ADDRESS STREET ADDRESS 2201 Wilton Drive CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale. FL TILE Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP TITLE TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 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 eath; 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.

CITY-ST-ZIP

TITLE

MAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

954-564-2424

☐ Change

■ Addition

Claytime Phone #

CRZE034 (11/00)