FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 21, 2003 8:00 am **Secretary of State** P94000063377 DOCUMENT # 01-21-2003 90137 046 ***158.75 1. Entity Name 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0517276 Not Applicable Country Zip 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 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. I am familiar with, and accept the obligations of registered agent. JSIGNATURE 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. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Addition CR2E034 (10/02 ☐ Delete FERRARO, FRANK NAME NAME 2201 WILTON DRIVE STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP D۷ TITLE ☐ Delete TITLE Change ☐ Addition RAVINE, NICKIE L NAME NAME STREET ADDRESS 2201 WILTON DRIVE STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP DS. Change_ TITLE Delete TITLE - 🗔 .Addition -ZINN, JUNE A NAME NAME STREET ADDRESS 2201 WILTON DRIVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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-ZIE CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR