Apr 07, 2001 8:00 am Secretary of State DOCUMENT # P94000067436 1280 PARKWAY PLAZA, INC. 04-07-2001 90012 048 ***150.00 Mailing Address Principal Place of Business 3990 SHERIDAN STREET 3990 SHERIDAN STREET AUU43453 SUITE 209 SUITE 209 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US US 2. Principal Place of Business 3. Mailing Address 3107 STIPLING ROAD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE 204 City & State City & State Applied For 4. FEI Number 65-0517503 FT. LAUDERDALE, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BERMAN, STEVEN B. Street Address (P.O. Box Number is Not Acceptable) 3990 SHERIDAN ST **SUITE #209** HOLLYWOOD FL 33021 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete ☐ Addition TITLE TITLE NAME 3107 Stirling Road NAME BERMAN, HOWARD B Suite 204 STREET ADDRESS STREET ADDRESS 3990 SHERIDAN STREET, SUITE 209 Ft Lauderdale, FL 33312 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL Change ☐ Addition ☐ Delete TITLE DVST TITLE 3107 Stirling Road NAME NAME BERMAN, STEVEN Suite 204 STREET ADDRESS STREET ADDRESS 3990 SHERIDAN STREET, SUITE 209 Ft Lauderdale, FL 33312 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE Delete TITLE Change ☐ Addition 2875 North East 191st Street NAME BATIEVSKY, ABRAHAM NAME Suite 801 STREET ADDRESS STREET ADDRESS 1890 TYLER ST Aventura, Florida 33180 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change ☐ Addition TITLE Delete TITLE 2875 North East 191st Street NAME NAME BERMAN, SUSY Suite 801 STREET ADDRESS STREET ADDRESS 1890 TYLER ST Aventura, Florida 33180 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 reports 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 trapovered 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. In all other like empowered.

<u>Steve berman</u>

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

SIGNATURE AND TYPE