2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P95000026429 1. Entity Name GARY J. YUDEWITZ, P.A. 04-18-2000 90254 031 ***150.00 Mailing Address Principal Place of Business 1500 NW 49TH ST 1500 NW 49TH ST STE 500 STE 500 FT LAUDERDALE FL 33309-3018 FT LAUDERDALE FL 33309 3. Mailing Address 1900 W. Commelan Blvo. 2. Principal Place of Business 1900 W. COMMERCIAN BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE SUITE 100 City & State 4. FEI Number Applied For City & State 65-0563880 FORT LANderdak, Fr FORT LANDERDALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3309 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YUDEWITZ, GARY J Street Address (P.O. Box Number is Not Acceptable) 1500 NW 49TH ST FT LAUDERDALE FL 33309 ORT LANDERDALE 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. GARY J. YUDEWITZ TITLE TITLE Delete YUDEWITZ, GARY J NAME NAME 1900 W. COMMERCIAL BIOD. #100 FORT LANDERDALE, FL 33309 De Change 1500 NW 49 ST, SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 ☐ Delete TITLE TITLE YUDEWITZ, GARY J GARY J. YUDEWITZ 1900 W. COMMERCIA DIVD. \$100 FORT LANDENSAIR, FL 33309 NAME NAME STREET ADDRESS 1500 NW 49 ST, SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33309 TITLE Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition Delete TITLE 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 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

4/13/00 954 776 - 4949