FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am DOCUMENT # P95000032201 **Secretary of State** 1. Entity Name 02-26-2002 90103 050 ***150.00 BROWNSTONE PROPERTIES OF SOUTH FLORIDA INC. Principal Place of Business Mailing Address 506 S E 8TH ST 506 S E 8TH ST FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite; Apt. #, etc: DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3370460 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERNSTEIN, JOSEPH L Street Address (P.O. Box Number is Not Acceptable) 506 S E 8ST FT. LAUDERDALE FL 33316 City Zip Code bmits thi<u>s</u> statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE nd title if applicable. (NOTE: Registered Agent signature re 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Addition Change TITLE Delete TITLE NAME NAME STONE, DAVID E 2490 E. COMMERCIAL BLVD. SUITE 720 STREET ADDRESS STREET ADDRESS Grove WAY FT. LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME **BROWN, SUSAN** NAME GYOVE WAY #568 STREET ADDRESS STREET ADDRESS 2400 E. COMMERCIAL BLVD. SUITE 720 CITY-ST-ZIP CITY-ST-7IP ET_LAUDERDALE-FL 33308 ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TIT1 F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR