2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P95000050510** CENTRECORP REALTY SERVICES, INC. 04-25-2001 90184 044 ***150.00 Principal Place of Business Mailing Address 2401 PGA BLVD 2401 PGA BLVD SHITE 280 SUITE 280 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 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 65-0759197 Not Applicable Zip Country Zin 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 WIENER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BLVD **SUITE #280** PALM BEACH GARDENS FL 33410 Zip Code FL 8. The above named nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporati is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to lo 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 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP CR2E034 (10/00) TITLE TITLE ☐ Delete Change ☐ Addition PRESTON, JOHN W.S. NAME NAME STREET ADDRESS 2401 PGA BLVD SUITE 280 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITI F X Delete DVS TITLE Change Change Addition WIENER, DAVID J NAME Green, Robert S. STREET ADDRESS 2401 PGA BLVD STE 280 2851 John Street, Suite One STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-7IP Markham, Ontario L3R 5R7 Canada TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition 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 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.

Services, Inc.

SIGNATURE:

Cenkr

Bv: TREDIGRES INTERPLACES ESCHING OFFICER OF DIRECTOR 3-23-01 Date

561-624-9500

Daytime Phone #