2002 UNIFORM BUSINESS REPORT (UBR)

Aug 26, 2002 8:00 am Secretary of State DOCUMENT # P95000053946 1. Entity Name 08-26-2002 90055 019 ***550.00 SITUS INVESTMENTS, INC. Principal Place of Business Mailing Address 6981 TAFT STREET 6901 TAFT STREET HOLLYWOOD FL 33024 HOLLYWOOD FL 33024 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0598861 Not Applicable Zip Country: -Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steven ORTEGA, JOHN R Street Address (P.O. Box Number is Not Acceptable) **6981 TAFT STREET** HOLLYWOOD FL 33024 6981 Taft Street 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 redistered ager (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete President, Secretary Addition | NAME ORTEGA, JOHN R NAME Argel Ham STREET ADDRESS 6981 TAFT STREET STREET ADDRESS 6981 Taft Street Hollywood, Fc 33024 CITY'S ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE **VPS X** Delete TITLE Vice Dasident, Treasurer (X) Change Addition Addition NAME Stanley Yu GIRI Tatt Street SHIN, STEVEN J NAME STREET ADDRESS **6981 TAFT STREET** STREET ADDRESS CITY-ST-ZIP --HOLLYWOOD FL 33024 ~ CITY-ST-ZIP Hollywood , Fe 33024 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 to 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 andress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

7 10 W ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 8/15/02

FILED

CR2E034 (4/02)