2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State P95000056483 DOCUMENT # 1. Entity Name PARK 25 CORP. 05-09-2002 90083 027 ***150.00 Principal Place of Business Mailing Address 1812 SW 31 AVE. 1812 SW 31 AVE. PEMBROKE PARK FL 33020 PEMBROKE PARK FL 33020 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 65-0726851 Not Applicable Zip Country Zip 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 DINER, JESSE H Street Address (P.O. Box Number is Not Acceptable) 1946 TYLER STREET HOLLYWOOD FL 33020 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KELSEY, CHARLES M JR NAME 1812 SW 31 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PARK FL 33020 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME BIEDL, RICHARD NAME STREET ADDRESS 1812 SW 31 AVE. STREET ADDRESS CITY-ST-ZIF PEMBROKE PARK FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

□ Delete

☐ Change

☐ Addition