## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # **P95000067858** May 19, 2000 8:00 am Secretary of State BANC SERVICING CENTER, INC. 05-19-2000 90808 001 \*5,461.25 Mailing Address Principal Place of Business 1750 EAST SUNRISE BOULEVARD 1750 EAST SUNRISE BOULEVARD FORT LAUDERDALE FL 33304-3013 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0624340 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FURMAN, JACK A. E. Street Address (P.O. Box Number is Not Acceptable) 1750 E SUNRISE BLVD 150 WEST FLAGLER STREET FT LAUDERDALE FL 33304 Zip Code 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) 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. 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 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE LEVAN, ALAN B NAME NAME STREET ADDRESS 1750 EAST SUNRISE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 Addition ☐ Change ☐ Delete TITLE NAME GRIECO, FRANK V NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BOULEVARD CITY-ST-7IP FORT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME LEVAN, JARETT S NAME STREET ADDRESS 1750 EAWST SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Change Addition Delete TITLE RICHARD LANG DURKIN, CHARLES V 1750 E. SUNRISE BLUD. NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD LAUD FL. 33304 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ■ Addition ☐ Delete TITLE TITLE WEISMAN, SUSAN NAME NAME 1750 EAST SUNRISE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ■ Addition AVP TITLE Delete TITLE ALBERT, SHELBY NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLD CITY-ST-ZIP FT LAUDERDAEL FL 33304 CITY-ST-ZIP 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 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

954-760-544P