2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am ⁸ Secretary of State DOCUMENT # P96000009850 05-16-2001 90388 033 ***150.00 ALAN FISHMAN & ASSOCIATES, P.A. Principal Place of Business Mailing Address 2301 W. SAMPLE RD 2301 W. SAMPLE RD. 0 ((45X BLDG W STE 1A BLDG, 3, STE. 3A POMPANO BEACH FL 33073 POMPANO BEACH FL 33073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BLUGYISTE IA BLDG 4-STE IA City & State City & State 4. FEI Number Applied For 65-0637001 Not Applicable Zip 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 FISHMAN, ALAN Street Address (P.O. Box Number is Not Acceptable) BLDG 4 STE 1A POMPANO BEACH FL 33073 City 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, 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE FISHMAN, ALAN S NAME NAME 2301 W. SAMPLE RD. BLOG. 4, STE 1A STREET ADDRESS 2301 W. SAMPLE RD., BLDG. 3, STE. 3A STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ke' empowered SIGNATURE: