2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000026428** Apr 12, 2000 8:00 am 1. Entity Name Secretary of State NEXSTORE REAL ESTATE, INC. 04-12-2000 90077 003 ***150.00 Principal Place of Business Mailing Address 4770 NW BOCA RATON BLVD 4770 NW BOCA RATON BLVD STE C STE C **BOCA RATON FL 33431** BOCA RATON FL 33431-4807 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0785831 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name KNIGHT, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 4770 NW BOCA RATON BLVD. SUITE C **BOCA RATON FL 33431** 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 DATE Signature. Niged or conted 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CEOP Change ☐ Addition TITLE ☐ Delete TITLE KNIGHT, WILLIAM L 4770 NW BOCA RATON BLUD NAME 2255 GLADES RD., STE. 219A STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change X Delete TITLE TITLE SCHREIBEB, MARK NAME NAME 2255 GLADES RD., S TE. 219A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33431 CITY-ST-ZIP Change TITLE Delete TITI F Secretary ALMES JANE C. +170 NEW BILD &C NAME NAME STREET ADDRESS STREET ADDRESS BOCA RATON, RC 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: