2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P96000033396 1. Entity Name 270 SOUTH COUNTY ROAD CORP. 04-25-2001 90154 046 ***150.00 Principal Place of Business Mailing Address 250 WORTH AVE. 250 WORTH AVE. PALM BEACH FL 33480 PALM BEACH FL 33480 AU056704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-067 1953 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 HANDELSMAN, BURTON Street Address (P.O. Box Number is Not Acceptable) 250 WORTH AVE PALM BEACH FL 33480 City Zip Code FI 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 Yax 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. CR2E034 (11/00) PD Change TITLE ☐ Delete ☐ Addition TITLE NAME HANDELSMAN, STEVE NAME STREET ADDRESS STREET ADDRESS 18 HOTEL DR. CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY Change Addition TITLE ☐ Delete TITLE STOCKER, MARSHA NAME 5 LOVE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HARRISON NY CITY-ST-ZIP Addition Change TITLE ☐ Delete HANDELSMAN, BURTON NAME NAME 250 WORTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH FL 33480 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE HANDELSMAN, LUCILLE NAME NAME 250 WORTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH FL 33480 AS ☐ Change ☐ Addition TITLE ☐ Delete TITLE HANDELSMAN, SANDY NAME NAME 3 LOVE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARRISON NY Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 changed, or on an attachment with an address, with a rother like empowered.

Daytime Phone #