2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 10, 2001 8:00 am Secretary of State DOCUMENT # P9600054377 POGO REALTY CORP. 01-10-2001 90084 048 ***150.00 Principal Place of Business Mailing Address 2378 N.W. 64TH ST. 2378 N.W. 64TH ST. **BOCA RATON FL 33496** BOCA RATON FL 33496 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0688190 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLDBERG, VONNI Street Address (P.O. Box Number is Not Acceptable) 2378 N.W. 64TH ST. **BOCA RATON FL 33496** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change ☐ Addition ☐ Delete TITLE NAME POLLY, HARVEY NAME STREET ADDRESS 2901 S. OCEAN BLVD., PENTHOUSE SUITE STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH FL 33487 CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE GOLDBERG, VONNIE M NAME NAME STREET ADDRESS STREET ADDRESS 2378 N.W. 64TH ST. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Addition Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME 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 in the chapter 607 on an attachment with an address, with all other like empowered.

FILED