FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # P96000058974 1. Entity Name 05-13-2002 90181 034 ***150.00 D&M CORAL SPRINGS PARK, INC. Principal Place of Business Mailing Address 2505 LAGUNA TERRACE 2505 LAGUNA TERRACE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 498 Mariner 98 Mariner DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0690106 Not Applicable JUPI \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 20 Menica M. Flora FLORA, DOMENCIA M Street Address (P.O. Box Number is Not Acceptable) 2505 LAGUNA TERRACE FORT LAUDERDALE FL 33316 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 applical (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE Flora, Michael J Prive NAME FLORA, MICHAEL J NAME STREET ADDRESS **2505 LAGUNA TERRACE** STREET ADDRESS Jopiter, FL 33477 CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE Flora, Domenica M. NAME FLORA, DOMENICA M NAME 498 Mariner Drive STREET ADDRESS STREET ADDRESS 2505 LAGUNA TERRACE CITY-ST-7IP CITY-ST-7IP FORT LAUDERDALE FL 33316 Jupiter, FL 33477 ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: