MAME LUSTIG STEPHEN I. STREET ADDRESS STREET JORGESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	2001	UNIFORM BUS	INESS REPO	RT (UB	R)	FILI	E D		
FIL LATUREDALE PLANS ADDRESS OFF. FIL LATUREDALE PLANS ADDRESS OFF. SURE, APE F, etc.	1. Entity Nam	e	0068203						<i>z</i> .
2. Principal Place of Business 2. State OutLAND PARK BLVD State Outland State Outland State Desired State Outland Busined State Outland Busine	•		•	Е.					
Suite, Apt. 4, 810. Suite, Ap		ALE FL		FL					
City & State City & State FT. LANDERMALE FT. LANDER	,								-
THE CONCENT OF THE NAME OF THE			Suite, Apt. #, etc.			DO NOT W	RITE IN THIS SPAC	CE	–
5. Cardicate of Satus Desired \$9.19 Androne \$9.19 Androne	FT. LAUDERD	ALE FL	FT. LAUDERDALE	·	I			<u> </u>	•
LUSITG STEPHEN	•	Country	· ·	Country	5.	Certificate of Status Desire			
AUSTIC STEPHEN STEP LINT STEP L		6. Name and Address of Current	Registered Agent		7.	Name and Address of Nev	<u>.</u>		<u></u>
SIZE 101N City FL Zip Code	524 S. ANDI			LUSITO Street A	ddress (P.O. É	Box Number is Not Accepta	ible)		
SIGNATURE Signature, lead or annead entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floridax Signature Sig		DDATE E	т	2216 E.	OAKLAND PA	ARK BLVD.			
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, beed or phistor runn of registered agent and refer agent and refer applicable. NOTE Registered Agent signature required when investising) Out? 9. This corporation is eligible to satisfy its Intangible Tax Militor requirement and elects to do so. Signature, beed or phistor runn of registered agent and refer to section of the Company of Tax Militor requirement and elects to do so. Signature, beed or phistor runn of registered agent and refer to section of the Company of Tax Militor requirement and elects to do so. Signature, beed or phistor runn of registered agent, or both, in the State of Florida. What is the company of the Company of Tax Militor requirement and elects to do so. Signature and elects to			L	-	1N	<u> </u>			-
SIGNATURE Signature, typed or privated name of registered agent and title it application. NOTE Registered Agent signature required when revisited high process and the properties of the process of					DERDALE		FL		е
Tax filing requirement and elects to do so. Secretization on back	SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	ture required when n	einstating)	- 04/30/20 DATE	001	<u> </u>
TITLE D LUSTIG STEPHEN L. MAME LUSTIG STEPHEN L. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL STREET ADDRESS CI	Tax filing re	equirement and elects to do so.	After MAY 1, 200	1 Fee will be \$	550.00				
NAME LUSTIG STEPHEN L. STE. 10 N, 524 S. ANDREWS AVE. STEET ADDRESS CITY-512P TITLE NAME STREET ADDRESS CITY-512P TITLE		· · · · · · · · · · · · · · · · · · ·				DDITIONS/CHANGES TO C	OFFICERS AND DIF	RECTOR	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-S	NAME STREET ADDRESS	LUSTIG STEPHEN L. STE. 101 N, 524 S. ANDREWS AVE.	_	NAME STREET ADDRESS	LUSTIG 2216 E. OA	KLAND PARK BLVD		•	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY					F1. LAUDE	KDALE			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME 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.	NAME STREET ADDRESS		☐ Delete	NAME Street Address				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 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.	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				Change	☐ Addition
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SIGNATURE: Stephen L. Lustig Pres 04/30/2001 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	of the corp changed,	or this report is propertiental report is poration or the receiver or trustee empor or on an attachment with an address, v	rrue and accurate and that my wered to execute this report a with all other like empowered.	y signature shall r is required by Cha	nave the same apter 607, Flori	legal effect as if made und ida Statutes; and that my not see			

Daytime Phone #

Date