2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2001 8:00 am DOCUMENT # P96000084344 **Secretary of State** ERIC M. FISCHER, P.A. 02-08-2001 90032 016 ***150.00 Principal Place of Business Mailing Address 4850 W OAKLAND PARK BLVD P.O. BOX 770904 FORT LAUDERDALE FL 33077 SUITE-106-FORT-LAUDERDALE FL 33313 2. Principal Place of Business 3. Mailing Address 3801 PGA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PO Box Applied For 4. FFI Number 65-0699448 Not Applicable \$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 FISCHER, ERIC M ESQ. Street Address (P.O. Box Number is Not Acceptable) 4850-W-OAKLAND PARK BLVD SUITE-100-3801 PGA Blud., Suite FORT LAUDERDALE FL 33313 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) 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE FISCHER, ERIC M NAME NAME 3801 PGA Blud, Suite 555 Palm Beach Gardens, FL STREET ADDRESS STREET ADDRESS 4850 W OAKLAND PARK BLVD, STE-106 CITY-ST-ZIP FORT-LAUDERDALE FL 33313 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE____ - Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

A Hosker Eric M. Fischer 2/2/01

Lature AND Typed OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

TOSI 1-20-5-7, Eric M. Fischer, Eric M. Fischer

Date