CR2E034 (10/00)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am DOCUMENT # P96000093543 Secretary of State MIZNER CENTER, INC. 05-03-2001 90088 020 ***150.00 Principal Place of Business Mailing Address 501 E. CAMINO REAL 501 E. CAMINO REAL **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address P. O. Box 5025 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Corporate Offices City & State Applied For City & State 4. FEI Number Boca Raton, Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33431 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERICAN INFORMATION SER, INC Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVE, 28TH FLOOR MIAMI FL 33131 City 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 applicable. (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, 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. TITLE Delete Change ☐ Addition GLENNIE, MICHAEL F NAME NAME STREET ADDRESS 501 E. CAMINO REAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE ☐ Delete TITLE Change ☐ Addition ROCHON, RICHARD C NAME NAME STREET ADDRESS STREET ADDRESS **501 E CAMINO REAL** CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** D/V TITLE DVP ☐ Delete ■ Addition PIERCE, WILLIAM M NAME STREET ADDRESS STREET ADDRESS 501 E CAMINO REAL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE ☐ Delete TITLE Change Change ☐ Addition V/T NAME Dauria. Steven M NAME STREET ADDRESS STREET ADDRESS 501 E CAMINO REAL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432 V/S** Change VPS TITLE ☐ Delete TITLE ☐ Addition HANDLEY, RICHARD L NAME NAME STREET ADDRESS STREET ADDRESS **501 E CAMINO REAL** CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Steven M. Dauria: 4/26/01 561-447-5300

Steven M. Dauria: 4/26/01 561-447-5300

Date Dayling Phone #

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.