2000 UNIFORM BUSINESS REPORT (UBR) FILED May 21, 2000 8:00 am Secretary of State DOCUMENT # P96000097511 PATTERSON REALTY & MANAGEMENT, INC. 05-21-2000 90002 010 ***150.00 Principal Place of Business 4200 NW 16FH ST. SUITE 304 LAUDERHILL FL 33313-5835 Auge 55: 3. Mailing Address Mailing Address 4200 NW 16TH ST. SUITE 304 LAUDERHILL FL 33313 2. Principal Place of Business 7071 West ommercial DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0710563 Not Applicable aniar Country Country Zip \$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 Name PATTERSON, CHARLES Street Address (P.O. Box Number is Not Acceptable) 4200 NW 16TH ST, SUITE 304 LAUDERHILL FL 33313 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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, 2000 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE PATTERSON, CHARLES NAME NAME 4631 nw 74 Av. Lander Lill F1: 333 19 5475 NW 74TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL TS ☐ Addition TITLE PATTERSON, MICÓLE NAME 5475 NW 74TH WAY STREET ADDRESS STREET ADDRESS ŁAUDERMILL FL CITY-ST-ZIP CITY-ST-ZIP Machelle Searles Delete 4631 NW 74 Ar ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Addition TITLE ☐ Delete TITLE

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

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

(954)677-955<u>5</u>

Daytime Phone #