2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P97000004339** BANKATLANTIC FACTORS INC. 04-30-2001 90067 032 ***150.00 Principal Place of Business Mailing Address 1750 EAST SUNRISE BLVD 1750 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 nnn4143E 2. Principa! Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0726371 Not Applicable Country Zip Country \$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 Jarett S. Levan FURMAN, JACK A Street Address (P.O. Box Number is Not Acceptable) 1750 E. Sunrise Blvd. 1750 EAST SUNRISE BLVD FORT LAUDERDALE FL 33304 Zip Code 33304 Fort Lauderdale 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. 4 (22 (01 Jarett S. Levan SIGNATURE Signature, type od stered 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change Addition LEVAN, ALAN B NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP THUE ☐ Delete TITLE Change Addition GREICO, FRANK V NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE Change Addition FURMAN, JACK A NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD STREE1 ADDRESS CITY-SI-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition LEVAN, JARETT S NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Delete TITLE Change Addition EANES, JASPER NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cirector 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:

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jarett S. Levan

954-585-2710

CR2E034 (10/00)