FOR PROFIT CORPORATION

May 29, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P970000/4923 05-29-2002 90737 002 ***150.00 1. Entity Name ALAN I. NAZAROW, INC. 80123397 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1681 CORALAVENUE 1681 CORAL AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0821867 City & State City & State Applied For NORTH LAUDERDALE, FL NORTH LAUDERDALE, FL Not Applicable Zip 33068 Country .USA \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of Current Registered Agent SPIEGEL & WTRERA, PA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 343 ALMERIA AVENUE Zip Code 33/34 CORAL GABLES 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS CR2E034B (12/01) TITLE PRESIDENT TITLE ALAN I. NAZAROW NAME NAME STREET ADDRESS STREET ADDRESS 1681 CORAL AVENUE CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO_NOT_WRITE CITY-ST-ZIP CITY-ST-ZIP TIT1 F TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

ALAN I. NAZAROW) 5/25/02

FILED