2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P97000015101 May 17, 2000 8:00 am 1. Entity Name BERNSTEIN REALTY, INC. Secretary of State 05-17-2000 90926 034 ***150.00 Principal Place of Business Mailing Address 2900 NW 47TH TERRACE 2900 NW 47TH TERRACE SUITE 301 SHITE 301 FT. LAUDERDALE FL 33313 FT. LAUDERDALE FL 33313-1746 pwood Cincle 2. Principal Place of Business 3. Mailing Address 12722 Tul, pubod Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2382987 Not Applicable 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 GRIEPER, BARRY 2900 NW 47TH TERRACE Tulipwood Cincle SUITE 301 FT. 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PDS Change TITLE TITLE ☐ Delete NAME GRIEPER, BARRY, S NAME STREET ADDRESS 2900 NW 47TH TERRACE, SUITE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33313 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete , TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HILLE NAME STREET ADDRESS SINCE: ADDRESS CITY-ST-ZIP II. ST-ZIP 13. Thereby 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.

Davtime Phone #