## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 24, 2002 8:00 am Secretary of State **DOCUMENT #** P97000020135 1. Entity Name FORBES REAL ESTATE COMPANY, INC. 05-24-2002 91387 017 \*\*\*150.00 Principal Place of Business Mailing Address 5211 NE 18 AVE 5211 NE 18 AVE #5 FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 rincipal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0730292 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \_ \_ \_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORBES, CHARLES A III 5211 NE 18TH AVE #5 FT LAUDERDALE FL 33334 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition FORBES, CHARLES A III NAME NAME 1400 NW 7 Mare F1. Landerdale 333/1 STREET ADDRESS 5211 NE 18TH AVE #5 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33334 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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

SIGNATURE: