2004 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P97000031676 1. Entity Name SUNMARK PROPERTIES, INC. 04-27-2001 90327 021 ***150.00 Principal Place of Business Mailing Address 33 SE 7TH STREET 33 SE 7TH STREET STE D STF D BOCA RATON FL 33432 **BOCA RATON FL 33432** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0743607 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRINSKY, JAY Street Address (P.O. Box Number is Not Acceptable) 33 SE 7TH ST STE D **BOCA RATON FL 33432** 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. DATE 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, 2001 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F DPT ☐ Delete TITLE NAME NAME KRINSKY, JAY STREET ADDRESS STREET ADDRESS 399 W. PALMETTO PARK RD., STE. 104 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition ☐ Change ☐ Delete TITLE NAME KRINSKY, BARRY B NAME STREET ADDRESS STREET ADDRESS 399 W. PALMETTO PARK RD., STE. 104 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition Delete TITLE TITLE NAME POLLOCK, EDWARD J NAME STREET ADDRESS STREET ADDRESS 399 W. PALMETTO PARK RD., STE, 104 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change Addition TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 epipowered.

SIGNATURE:

SHAPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/0

561 392-9355

Daytime Phone #