2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am[§] Secretary of State DOCUMENT # P97000033944 1. Entity Name 05-17-2001 90412 027 ***150.00 DEVELOPMENT CONCEPTS, INC. Principal Place of Business Mailing Address 6710 MAIN STREET **6710 MAIN STREET** D0090153 **SUITE 233 SUITE 233** MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal 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 52-2033874 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Mac Nair Christopher J. Street Address (P.O. Box Number is Not Acceptable) MAC NAIR, CHRISTOPHER J. 7237 SW 53RD AVENUE **MIAMI FL 33143** 6710 Main St, Suite 233 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 nd 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 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 TITLE ☐ Delete TITLE Fertig, Jey C 6710 Main Street, Suite 233 NAME FERTIG, JAY C NAME STREET ADDRESS 2661 EDGEWATER DR. STREET ADDRESS MIGHT LAKES, FL 33014 CITY-ST-ZIP CITY-ST-7/P WESTON FL 33332 ☐ Delete TITLE ☐ Addition Mac Nair, Christopher J. 6710 Main St, Suite 293 NAME MACNAIR, CHRIS NAME STREET ADDRESS STREET ADDRESS 7237 SW 53RD AVE. CITY-ST-ZIP CITY-ST-ZIP MICHI, FL 33014 MIAMI FL 33143 TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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.

FILED