2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P97000049180 ROBERT YOUNG APARTMENT RENTAL CO. 01-29-2001 90123 004 ***150.00 Principal Place of Business Mailing Address 1408 S.W. 9TH STREET 1408 S.W. 9TH STREET FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip 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 Name FISHER, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 1408 S.W. 9TH STREET FT. LAUDERDALE FL 33312 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ☐ Change ☐ Addition ROBERT YOUNG NAME NAME 2512 SE ANCHORAGE COVE #107F2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT ST LUCIE FL 34952 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition **EDWARD J FISHER** NAME NAME 1408 SW 9TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-702 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: