2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P97000051928 ROBERT J. FEINBERG, INC. 02-03-2001 90288 038 ***150.00 Principal Place of Business Mailing Address 110 LAKE EMERALD DR 110 LAKE EMERALD DR 913400 OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 2. Principal Place of Business 5281 NE 18th Terrace 3. Mailing Address 5281 NE 18th Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0766741 Ft. Lauderdale, FL Not Applicable <u>Ft. Lauderdale,</u> Country \$8.75 Additional 5. Certificate of Status Desired \square United States Fee Required 33308-3113 33308-3113 United States 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Feinberg, Robert J. FEINBERG, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 5281 NE 18th Terrace 110 LAKE EMERALD DRIVE **APT 104** OAKLAND PARK FL 33309 Zip Code Ft. Lauderdale 33308-3113 8. The above named entity supplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE X Change ☐ Addition FEINBERG, ROBERT J NAME NAME Feinberg, Robert J. 110 LAKE EMERALD DRIVE 104 STREET ADDRESS STREET ADDRESS 5281 NE 18th Terrace CITY-ST-ZIP OAKLAND PARK FL 33309 CITY-ST-ZIP Ft. Lauderdale, FL 33308-3113 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ROBERT FELNBERG

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: