page los 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700055117 FILED D.M. WARREN CORP. 02 JAN -2 PM 4: 42 Principal Place of Business
7040 W. PALMETTO PARK ROAD
BUILDING 4, SUITE 463
BOCA RATON, FL 33433 SECRETARY OF STATE TALLAHASSEE, FLORIDA - SAME -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. DO NOT WRITE IN THIS SPACE 4 6507 63027 City & State City & State Applied For Not Applicable Zip Country 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 SILVERMAN STEVEN M. 7040 W. PALMETTO PARK ROAD Name Street Address (P.O. Box Number is Not Acceptable) BLOG 4, SUITE 463 BOCA RATON, FL 33433 City Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 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 TITLE STEVEN M. SILVERMAN 7040 W. PALMETTO PK. RB. BUGG. 4, RVITE 463 BUCA RATON, FL 32 TITLE. Addition ☐ Change NAME NAME 900004768809----01/11/02--01032--018 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****150.00 <u>****150_00</u> TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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 ☐ 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 air other like empowered.

LUCY M D LIGHTA 12/26/01 561-395-4445

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE:

12/26/01

DINISION OF CORPORATIONS PO BOX 1500 TALLAHASSEE, FL 32302-1500

To whom It may concern,

corporation I decided to check my own. It showed that the corporation was "Inactive" as a result of Admin. Dissolution for Annual Report. I never received a 2001 Annual Report from your office. I called a member of your division and explained the Situation. She told me that she would send me a new one, and that I should complete it and return it with the normal 450 filing fee and lefter explaining the Situation.

Enclosed please find my Rompleted 2001 Uniform Business Report and a check for \$150 Payable to: Department of State.

Sweetely, Stuen M. Shuman