## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P9700058601 1. Entity Name GRATEFUL MANAGEMENT, INC. 04-24-2001 90279 011 \*\*\*150.00 Principal Place of Business Mailing Address 1701 W HILLSBORD BLVD 1701 W HILLSBORD BLVD #302 302 DEEBFIELD BCH FL 33442 DEEBSHELD BCH FL 33442 3. Mailing Address Principal Place of Business 1575 Huon 1575 Heron Sav Blva DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. #309 #309 Applied For City & State 4. FEI Number City & State 65-0767943 Not Applicable Springs oal Horida Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3307 b 3307*6* USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FEDER, GARY ESQ. Street Address (P.O. Box Number is Not Acceptable) 17<del>01 W. HILLSBORO BOU</del>LEVARD Heron Pay SUITE 302-> DEERFIELD-BEACH FT 33442 ما7°55 Springs 8. The above named entity suprings this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable. Signature, typed 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE 11575 Huon NAME FEDER, GARY A NAME Suite 309 1701 W. HILLSBORD BOULEVARD, SUITE 302 STREET ADDRESS STREET ADDRESS Coral Springs, F1 32076 CITY-ST-ZIP CITY-ST-7IP DEEREIELD BEACH EL 33442 ☐ Change ☐ Addition TITLE NAME SALAMONE, KENNETH L NAME < STREET ADDRESS 1701 W. HILLSBORO BOULEVARD, SUITE 302 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 39442 CITY-ST-ZIP 11575 Heron Bay Blvd. 💢 Change ☐ Addition TITLE □ Delete TITLE DUNN, KENNETH J NAME Suite 309 NAME 1701 W. HILLSBORO ROULEVARD. SLITTE 302-STREET ADDRESS STREET ADDRESS Coral Springs, F1 33076 CITY\_ST-ZIP CITY-ST-ZIP DEERFIELD\_BEACH-FL 33442 --- ---Director Addition ☐ Change ☐ Detete TITLE TITLE Michael Malina NAME NAME 11575 Heron Bay Glvd. Sure 309 Coral Springs, Fl 33076 STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 trus ee 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

9545757272

Daytime Phone #