2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 05, 2001 08:00 AM DOCUMENT # **P97000071153** Entity Name **Secretary of State** GARCIA/BRENNER DEVELOPMENT, INC. Principal Place of Business Mailing Address 751 PARK OF COMMERCE DR. STE 118 751 PARK OF COMMERCE DR, STE 118 BOCA RATON FL BOCA RATON FL 33487 33487 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 65-0781149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POPKIN & SHURPIN, P.A. 2499 GLADES ROAD Street Address (P.O. Box Number is Not Acceptable) **SUITE 114** BOCA RATON FL33487 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. EDWARD POPKIN 01/05/2001 Signature, typed or printed name of registered agent and 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. 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 ☐ Addition CR2E034 (11/00) X Change MAME BRENNER STUART NAME BRENNER STUART M 751 PARK OF COMMERCE DR STE 118 STREET ADDRESS STREET ADDRESS 3264 NORTH WEST 65TH STREET CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-ZIP BOCA RATON PT ☐ Delete TITLE ☐ Change NAME GARCIA JORGE NAME STREET ADDRESS 1240 PEPPERRIDGE TERR STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33487 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ 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.

01/05/2001

Daytime Phone #

Date

SIGNATURE: __Stuart M. Brenner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR