2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

all other like empowered.

ART BARKER

SIGNING OFFICER OR DIRECTOR

Mar 25, 2002 8:00 am § Secretary of State DOCUMENT # P97000073975 1. Entity Name 03-25-2002 90134 016 ***150.00 SENIOR TWO HOLDING CORP. Principal Place of Business Mailing Address 1177 S.E. THIRD AVENUE 1177 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 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 65-0782320 Not Applicable Zip Country 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 PERLOFF, JOHN W Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. THIRD AVENUE FT. LAUDERDALE FL 33316 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. SIGNATURE 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ☐ Addition Change NAME BARKER, ART NAME STREET ADDRESS 1313 S. ANDREWS AVENUE STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33316 CITY-ST-ZIP TITLE VD ☐ Delete TITLE Change ☐ Addition NAME NOVAK, KENNETH E NAME STREET ADDRESS 290 SW 12TH AVE STE 4 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP Delete TITLE - - Change ☐ Addition NAME SHANNON, PHILLIP W NAME STREET ADDRESS 290 SW 12TH AVE STE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP POMPANO BEACH FL 33069 TITLE ☐ Delete TITLE Change ☐ Addition NAME BARRETT, SCOTT A NAME STREET ADDRESS 290 SW 12TH AVE STE 4 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

PRESIDENT

FILED