## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 10, 2000 8:00 am DOCUMENT # P97000074403 Secretary of State JACOB FLEISHMAN & SONS HOLDING CORPORATION 03-10-2000 90002 032 \*\*\*150.00 Mailing Address Principal Place of Business 1177 N.W. 81ST STREET 1177 N.W. 81ST STREET MIAMI FL 33150-2739 MIAMI FL 33150 C0031969 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0901909 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AZARI, KAREN Street Address (P.O. Box Number is Not Acceptable) 1177 N.W. 81ST STREET MIAMI FL 33150 Žip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PD, kind one Delete TITLE TITLE FLEISHMAN, JUDITH NAME NAME STREET ADDRESS 1177 N.W. 81ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150 Change ☐ Addition **VPD** Delete TITLE TITLE FLEISHMAN, ROBERT NAME NAME 1177 N.W. 81ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** Change ☐ Addition VPD ☐ Delete TITLE TITLE FLEISHMAN, ROY NAME NAME STREET ADDRESS 1177 N.W. 81ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** ☐ Addition Change **VPSD** ☐ Delete TITLE TITLE AZARI, KAREN NAME STREET ADDRESS 1177 N.W. 81ST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33150** ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davume Phone #

2/29/0