2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # **P97000081680** PINE GROVE MANAGEMENT, INC. 05-10-2001 90150 037 ***150 00 Principal Place of Business Mailing Address 1701 SW 12TH AVENUE 1701 SW 12TH AVENUE D0048964 BOCA RATON FL 33486 BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address 7284 W Palmeto Park Rd S7284 WPalmeto Park Rd DO NOT WRITE IN THIS SPACE Suite 101 South Snite 101 South Boca Raton FL 33433 Applied For Boca Raton FL 33433 4. FEI Number 65-0783177 Not Applicable Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAFERI, RAZA ress (P.O. Box Number is Not poerse Rad 7284 W Palmet Dopers Rad 1701 SW 12TH AVENUE Suite 101 South **BOCA RATON FL 33486** Boca Raton FL 33433 Zip Code 8. The above named entity su of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signatur f 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Change ☐ Addition D X Delete TITLE TITLE NAME NAME JAFERI, RAZA STREET ADDRESS STREET ADDRESS 1701 SW 12TH AVENUE Suite 101 South CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. ental 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 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 an arrother like empowered. of the corporation or the receiver or changed, or on an attaching in with

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR