2001 UNIFORM BUSINESS REPORT (UBR)

Sep 14, 2001 8:00 am Secretary of State P97000082472 DOCUMENT # 1. Entity Name STRESS FREE REALTY, INC. 09-14-2001 90028 045 ***550.00 Principal Place of Business Mailing Address 7944 PINES BLVD 7944 PINES BLVD acceanny PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 2. Principal Place of Business 3. Mailing Address XS1 NW 125th AVR 5AMR Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 410 City & State City & State 4. FEI Number Applied For 33028 65-0789264 embroke Pines Not Applicable Country 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 DAKIN KARP, DARIN Street Address (P.O. Box Number is Not Acceptable) 1851 NW 125th Ave Ste 410 3857 TURTLE RUN BLVD #2112 CORAL SPRINGS FL 33067 City Pembruke Pines Zip Code 23〜28 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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. CR2E034 (5/01) TITLE TITLE ☐ Addition ☐ Delete KARP, DARIN KARP, DARIN F NAME NAME 1851 NW 125th Are Ste 410 STREET ADDRESS 3875 TURTLE RUN BLVD #2112 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP Jembruke Pries FL 33028 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE - Delete -TITLE TITLE ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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:

FILED