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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 11, 2002 8:00 am **DOCUMENT #** P97000096619 **Secretary of State** 1. Entity Name 01-11-2002 90005 015 ***150.00 AVIS RUMMENY INTERNATIONAL REAL ESTATE, INC. Principal Place of Business Mailing Address 125 WORTH AVE. STE 221 125 WORTH AVE. STE 221 PALM BEACH FL 33480 PALM BEACH FL 33480 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 65-0794331 Not Applicable Zip Country Country \$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 ANDERSON, ALAN F Street Address (P.O. Box Number is Not Acceptable) 125 WORTH AVE, STE 221 PALM BEACH FL 33480 City Zip Code 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 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 \Box Trust Fund Contribution. (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 (9/01) ☐ Addition TITLE ☐ Change AVIS, WARREN E JR. NAME NAME STREET ADDRESS 125 WORTH AVE, STE 221 STREET ADDRESS CR2E034 CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP President Avis Delete Warren E. Avis 125 Worth Ave. Suite 221 TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP · Beach, FL CiTY-ST-ZIP TITLE TITLE □ Change Addition NAME: MANH STREET ADDRESS STREET ADDRESS FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition 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.

REQUIRED

SIGNATURE

SIGNATURE: