FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 05, 2002 8:00 am Secretary of State DOCUMENT # P97000099836 1. Entity Name 05-05-2002 90107 001 *1.350.00 UNITED INVESTORS PEMBROKE, INC. Principal Place of Business Mailing Address 60-220 N UNIVERSITY DR 5847 SAN FELIPE PEMBROKE PINES FL 33024 SUITE 850 HOUSTON TX 77057-3091 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE jardens Drive 1696 NG Miani 1696 NE City & State VottL Miani Applied For 4. FEI Number 59-3480872 Miami Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA A عب Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALAN J MARCUS. Street Address (P.O. Box Number is Not Acceptable) BISCAUNE City Zip Code nging 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 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 П 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 (9/01)2496 TITLE Delete KATZMAN, CHAIM NAME HAMNER, STEVEN 1696 NE MIAMI GARDENS DRIVE STREET ADDRESS 5847 SAN SELIPE STE 850 STREET ADDRESS HOUSTON TX 77057-NORTH MIAMI BEACH, FL 33179 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change VALERO, DORON NAME KEITH RANDALL D NAME SURG DE MIAMI CIARDENS DRIVE STREET ADDRESS 5847 SAN PELIPE STE 850 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 74957 NORTH MIAMI BOACH, FL 33179 ☐ Delete TITLE ☐ Change Addition NAME NAME 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 ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 grown and acquirate 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 on trustee ampowered 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 actorized. First the empowered in the empowered in the empowered in the empowered in the empower of the corporation of the corporation of the corporation of the receiver on the empower of the empower SIGNATURE: SIGNATURE AND THE Daytime Phone