## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P97000108820 1. Entity Name NEWMAN GROUP OF TAMPA, INC. 4-30-2001 90025 042 \*\*\*150.00 Principal Place of Business Mailing Address 1715 N. WESTLONE BLVD. 1715 N. WESTLONE BLVD. 190 190 TAMPA FL 33607 TAMPA FL 33607 2. Principal Place of Business 3. Mailing Address 715 N WESTSHORE 715 N WESTSHORE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 90 190 Applied For City & State 4. FEI Number City & State 59-3507130 AMPA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3607 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINSTEIN WEINSTEIN, DAVID B ONE TAMPA CITY CENTER 201 N. FRANKLIN STREET, SUITE 2600 **TAMPA FL 33602** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (10/00) TITLE TITLE ☐ Delete MAX MITCHELL NEWMAN NAME NAME 400 N. TAMPAST., STE 2900 ONE TAMPA CITY CENTER 201 N FRANKLIN #2600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** Delete TITLE DAVID WEINSTEIN NAME NAME 1715 N. WESTSHORE BLVD., STE 190 ONE TAMPA CITY CENTER 201 N FRANKLIN #2600 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33602** TAMPA FL 33607 TITLE TITLE ☐ Delete NAME SANTORE, BILL NAME 2 UNIVERSITY DR., STE, 328 STREET ADDRESS ONE TAMPA CITY CENTER 201 N FRANKLIN #2600 STREET ADDRESS PLANTATION, FL. 33324 CITY-ST-ZIP CITY-ST-ZIE **TAMPA FL 33602** Change Addition ☐ Delete TITLE TITLE ROIG. RICARDO A NAME NAME ONE TAMPA CITY CENTER, STE 2700 STREET ADORESS 1 TAMPA CTY CTY 201 N. FRANKLIN ST. #2600 STREET ADDRESS 201 N FRANKLIN ST., TAMPA, FC 33602 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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 attact ment with so address, with all other like empowered.

SIGNATURE:

| SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR