2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OF

FILED May 07, 2002 8:00 am § Secretary of State DOCUMENT # P97000108921 1. Entity Name ... 05-07-2002 90117 002 ***150.00 GOLDWATER REALTY V, INC. Principal Place of Business Mailing Address 1874 W. AVE. PO BOX 190816 MIAMI BEACH FL 33139 MIAMI BEACH FL 33119 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 65-0821961 Not Applicable Zip 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 LEVINSON, EDWARD E 407 LINCOLN RD. MIAMI BEACH FL 33139 8. The above this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE agent and title if applicable. 9. This corporation is eligible to: atisfy its Intang FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees time at the OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F ☐ Delete TITLE ☐ Addition NAME FELLIG, ZALMAN NAME STREET ADDRESS 1874 W. AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE STD Delete ☐ Change ☐ Addition FELLIG, SOLOMON NAME STREET ADDRESS 1874 W. AVE. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ecourer or further employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

CR2E034 (9/01)