2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000007415 Apr 13, 2000 8:00 am BROKER'S CHOICE TITLE COMPANY Secretary of State 04-13-2000 90012 031 ***158.75 Mailing Address Principal Place of Business 4570 MADRUGA AVE 1570-MADRUGA AVE--OTE: 404 STE-404 CORAL-CABLES FL 33146 3014 CORAL GABLES FL 9814 3. Mailing Address 2. Principal Place of Business 5760 SOUTHWEST 116TH STREET 5760 SOUTHWEST 116TH STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. CORAL GABLES, FLORIDA CORAL GABLES, FLORIDA Applied For City & State 4. FEI Number City & State 65-0807071 Not Applicable 33156-5033 33156**–**5033 Country \$8.75 Additional Country 5. Certificate of Status Desired XXX Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDWARD A. KALISH KALISH, EDWARD A Street Address (P.O. Box Number is Not Acceptable) -1570 MADRUGA AVE 5760 SOUTHWEST 116TH STREET -STE-404-CORAL GABLES FL 33146 <u>33156-5033</u> CORAL GABLES. 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. EDWARD A. KALISH (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE XIX Change ☐ Addition TITLE Delete KALISH, EDWARD A NAME NAME STREET ADDRESS 5760 SOUTHWEST 116TH STREET STREET ADDRESS 1570 MADRUGA AVE, STE 404 CITY-ST-ZIP CORAL GABLES, FLORIDA 33156-5033 CITY-ST-ZIP CORAL CABLES FL 33146 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITI F Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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. APRIL 07, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD A. KALISH, DIRECTOR

305-668-2580

Daytime Phone #