FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 01, 2001 8:00 am Secretary of State DOCUMENT # **P98000009983** GREENBERG & SCHILIAN, P.A. 05-01-2001 90071 019 ***150.00 Principal Place of Business Mailing Address 4800 N FEDERAL HIGHWAY 4800 N FEDERAL HIGHWAY 00033103 STE 304 D STE 304 D BOCA RATON FL 33431 **BOCA RATON FL 33431** 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 65-0805802 Not Applicable Zip Country Zip 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 Name GREENBERG, JEFREY L Street Address (P.O. Box Number is Not Acceptable) 4800 N FED HWY SUITE 304D **BOCA RATON FL 33431** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent's gnature 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: 11 TITLE 4800 North Federal Highway Change HELE ☐ Delete Addition NAME GREENBERG, JEFFREY L NAME Suite 304-D, - Sanctuary Centre STREET ADDRESS 1781 W HILLSBORO BLVD:STE #201~ SCREET ADDRESS Boca Raton, Florida 33431 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD FL 33442 TITLE ☐ Delete TITLE Addition 4875 N. Federal Highway NAME SCHILIAN, GERALD NAME 10th Floor STREET ADDRESS STREET ADDRESS 1761 -W-HILLSBORO-BLVD;STE-#201---CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH FL 33442 Ft. Lauderdale, Florida 33308 ☐ Delete TITLE THE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DIE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-Z/P TiT: F ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY - ST- ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-SI-ZIP

13. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employered 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, withfall other like corpowered.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICE HOR DIRECTOR

4-25-01

561-361-9400

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