2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P98000028661 BANKATLANTIC BANCORP PARTNERS, INC. 04-28-2001 90072 008 ***150.00 Principal Place of Business Mailing Address 1750 E SUNRISE BLVD 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0830959 Not Applicable Zip 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 Name Jarett S. Levan FURMAN, JACK A Street Address (P.O. Box Number is Not Acceptable) 1750 E. Sunrise Blvd. 1750 E SUNRISE BLVD FORT LAUDERDALE FL 33304 Fort Lauderdale 33304 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 Jarett S. Levan SIGNATURE ne of registered agent and title if applicable (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DP CR2E034 (10/00) TITLE TITLE Addition ☐ Delete ABDO, JOHN E NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 Change Addition TITLE ☐ Delete TITLE GILBERT, GLEN R NAME NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Delete TITLE ☐ Change ☐ Addition TITLE LEVAN, JARETT S NAME NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 3304 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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.

Jarett S. Levan

B.PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED