2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P98000029046 1. Entity Name MARVIN B. NODEL, P.A. 02-05-2000 90005 035 ***150.00 Principal Place of Business Mailing Address 3121 OLD ORCHARD ROAD 3121 OLD ORCHARD ROAD FT LAUDERDALE FL 33328-6761 FT LAUDERDALE FL 33328 DARTORY 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0820811 Not Amin. Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NODEL, MARVIN B Street Address (P.O. Box Number is Not Acceptable) 3121 OLD ORCHARD ROAD FT LAUDERDALE FL 33328 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition Delete TITLE TITLE NODEL, MARVIN B NAME NAME 3121 OLD ORCHARD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

Maryin B. Nodel Pres. V31/00