HIAMI BEACH FL 33139 MIAMI BEACH FL 33139-4828 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country City & State 4. FEI Number City & State 7. Name and Address of Country Suite, Apt. #, etc. Name LiCHMAN, MARC Name 1024 LENOX AVE #7 Name MIAMI BEACH FL 33139 Street Address (P.O. Box Number is Not Acc City Street Address (P.O. Box Number is Not Acc 1024 LENOX AVE #7 Street Address (P.O. Box Number is Not Acc MIAMI BEACH FL 33139 City Street Address (P.O. Box Number is Not Acc SIGNATURE Street Address (P.O. Box Number is Not Acc Signature, typed or printed name of registered agent and title #applicable. (NOTE: Registered Agent signature required agent, or both, in the State SIGNATURE Street Is \$150.00 After MAY 1, 2000 Fee will be \$550.00 10. Election Camp The babove named and elects to do so.	Pee Required New Registered Agent paptable) FL Zip Code a of Florida. DATE
MAMI BEACH FL 33139 MIAMI BEACH FL 331394823 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country City Country City Country City City City City City City City Cit	04537 Additional Fee Required Agent Peptable) FL Zip Code a of Florida.
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NC City & State City & State 4. FEI Number 65-02 Zip Country Zip Country 5. Certificate of Status Dr 6. Name and Address of Current Registered Agent 7. Name and Address of Status Dr Name LICHMAN, MARC Street Address (PO. Box Number is Not Acc Street Address (PO. Box Number is Not Acc 1024 LENOX AVE #7 MIAMI BEACH FL 33139 City 3. The above named entity submits this statement for the purpose of changing its registered agent englistered agent, or both, in the Status Dr City 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Int. OFFICERS AND DIRECTORS 10. Election Camp. Trust Fund Core Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES ITTE UCHTIMAN, MARC Street Address Street Address 0. Director 10. Election Camp. Trust Fund Core Int. AME Street Address 0. Director 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10. Election Camp. Trust Fund Core 11. OFFICERS AND DIRECTORS 12. ADDIT	04537 Additional Fee Required Agent Peptable) FL Zip Code a of Florida.
City & State City & State 4. FEI Number 65-03 Zip Country Zip Country 5. Certificate of Status Di 6. Name and Address of Current Registered Agent 7. Name and Address of Status Di Name LICHMAN, MARC Street Address (PO. Box Number is Not Acc Name 1024 LENOX AVE #7 Street Address (PO. Box Number is Not Acc MIAMI BEACH FL 33139 City City A. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the States City B. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Its Election Camp Trust Fund Cor 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 114. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 117. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 118. ID24 LENOX AVE. #7 ITTLE NAME 119. Delete THE D i rector 110. Delete THE I cht	04537 Additional Fee Required Agent Peptable) FL Zip Code a of Florida.
Zip Country Zip Country 5. Certificate of Status Dr. 6. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent LICHMAN, MARC Street Address (P.O. Box Number is Not Accountry) Street Address (P.O. Box Number is Not Accountry) City City City City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statisting requirement and elects to do so. (NOTE: Registered Agent eignature required when reinstalling) P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Street Acher S \$150.00 10. Election Camp Trust Fund Cor (NOTE: Registered Agent eignature required when reinstalling) P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. City 10. Election Camp Trust Fund Cor (NOTE: Registered Agent eignature required when reinstalling) P. The ADDRESS TILE P Delete TITLE ADDITIONS/CHANGES III. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES ADDITIONS/CHANGES III. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES Director III. DElete TITLE Director MAME <td>U4537 Not Application of the second second</td>	U4537 Not Application of the second
6. Name and Address of Current Registered Agent 7. Name and Address of Name LICHMAN, MARC Name 1024 LENOX AVE #7 Street Address (P.O. Box Number is Not Acc MIAMI BEACH FL 33139 City City City a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta SIGNATURE Street Address (P.O. Box Number is Not Acc SIGNATURE Street address (P.O. Box Number is Not Acc SIGNATURE Street address (P.O. Box Number is Not Acc SIGNATURE Street address (P.O. Box Number is Not Acc SIGNATURE Street address (P.O. Box Number is Not Acc SIGNATURE Street address (P.O. Box Number is Not Acc SIGNATURE Street address (P.O. Box Number is Not Acc SIGNATURE Street address (P.O. Box Number is Not Acc SIGNATURE Street address (P.O. Box Number is Not Acc Street address (P.O. Box Number is Not Acc Name Street address (P.O. Box Number is Not Acc Name Street address (P.O. Box Number is Not Acc Name It is corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Name It is corporation back It is	sired Contract State Sta
LICHMAN, MARC 1024 LENOX AVE #7 MIAMI BEACH FL 33139 City City City a. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement and entity submits this statement and ittle if applicable. SIGNATURE Signature, typed or printed name of registered agent and ittle if applicable. (NOTE: Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) II. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES ITHE NAME STREET ADDRESS ITHE NAME ITHE NAME ITHE NAME ITHE NAME ITHE NAME ITHE ITHE ITHE ITHE ITHE ITHE	e of Florida.
LICHMAN, MARC Street Address (P.O. Box Number is Not Acc 1024 LENOX AVE #7 MIAMI BEACH FL 33139 City City The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Pegistered Agent signature required when reinstating) 0. This corporation is eligible to satisfy its Intangible FILE NOW !!! FEE IS \$150.00 10. Election Camp Tax filing requirement and elects to do so. City 10. Election Camp (See criteria on back) CIT P 11. Election Camp ILE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 12. ADDITIONS/CHANGES ITLE UCHTMAN, MARC ITTLE NAME STREET ADDRESS ITTLE ITY-ST-ZIP IDelete ITTLE D i rector Lichtman, Marc IREET ADDRESS CITY-ST-ZIP ID i rector 10.24 Lenox Ave. ITY-ST-ZIP IDelete TITLE D i rector NAME STREET ADDRESS CITY-ST-ZIP Miam i Beach, FL	e of Florida.
City City City City City City City City	DATE
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW !!! FEE IS \$150.00 10. Election Camp Trust Fund Core will be \$550.00 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 10. Election Camp Trust Fund Core ITTLE IDelete ITTLE IAME LICHTMAN, MARC IDelete ITTLE INTY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP Director ITTLE IDelete TITLE Director IAME CITY-ST-ZIP Director 10.24 Lenox Ave. ITTLE IDelete TITLE Director IAME CITY-ST-ZIP Director 10.24 Lenox Ave. STREET ADDRESS CITY-ST-ZIP Director 10.24 Lenox Ave. STREET ADDRESS CITY-ST-ZIP Miami Beach, FL 10.24 Lenox Ave.	e of Florida. DATE
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Control 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES ITTLE P Delete ITTLE IMAME LICHTMAN, MARC Delete ITTLE 1024 LENOX AVE. #7 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE Director IAMME Delete TITLE Director ITTLE Delete TITLE Lichtman, Marc ITTLE CITY-ST-ZIP Miami Beach, FL Miami Beach, FL	
P Delete TITLE NAME LICHTMAN, MARC NAME STREET ADDRESS 1024 LENOX AVE. #7 STREET ADDRESS DITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE Delete TITLE NAME Lichtman, Marc STREET ADDRESS Director NAME Lichtman, Marc STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Director MAME Lichtman, Marc STREET ADDRESS CITY-ST-ZIP	ribution. Added to Fees
ITLE Delete TITLE Director NAME Lichtman, Marc STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami Beach, FL	Change Add
ITLE Delete TITLE AME NAME TREET ADDRESS TY-ST-ZIP	ChangeAdd
ITLE TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	Change Add
ITLE Delete TITLE AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	Change 🗋 Add
Intel Delete TITLE AME NAME STREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP 3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida S indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made	Change Add