2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000043722** May 06, 2000 8:00 am Secretary of State FIRST COURT DEVELOPERS INC. 05-06-2000 90213 001 ***300.00 Mailing Address Principal Place of Business 1 EAST BROWARD BLVD. 1 EAST BROWARD BLVD. SUITE 620 SUITE 620 FT. LAUDERDALE FL 33301-1865 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 65-0835021 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required -- 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SONN. JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 1 EAST BROWARD BLVD. **SUITE 620** FT. LAUDERDALE FL 33301 Zip Code City FL 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 DATE Signature, typed or printed name 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 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE SONN, JEFFREY R NAME STREET ADDRESS STREET ADDRESS 1 EAST BROWARD BLVD. STE 620 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Addition ☐ Change ☐ Delete TITLE SHAN, RICHARD NAME NAME C/O 1 EAST BROWARD BLVD STE 620 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33301 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SHAN, RICHARD NAME NAME 1 EAST BROWARD BLVD. STE 620 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33301 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attacharent with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/ov

305-931-7794

Daytime Phone #