2002 UNIFORM BUSINESS REPORT (UBR)

Jan 15, 2002 8:00 am P98000046059 DOCUMENT # Secretary of State 1. Entity Name 01-15-2002 90020 003 ***150.00 FGRW, INC. Principal Place of Business Mailing Address 10480 SW 123RD ST 10480 SW 123RD ST **MIAMI FL 33176** MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0880865 Not Applicable Country Zip Country Zip \$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 GELMAN, LYNN H Street Address (P.O. Box Number is Not Acceptable) 10480 SW 123RD ST **MIAMI FL 33176** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition CR2E034 (9/01) TITLE ☐ Delete TITLE WEDMAN, MARK NAME NAME 10480 SW 123RD ST STREET ADDRESS STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE GELMAN, RICHARD NAME NAME STREET ADDRESS 1450 MADRUGA AVENUE, SUITE 302 STREET ADDRESS MIGMIL, FL 33176 CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME ROTHENBERG, LEONARD STREET ADDRESS 10480 SW 123RD ST STREET ADDRESS MIAMI FL 33176 CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE FISHER, JEROME NAME 10480 SW 123RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED