2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P98000046373 NEW VENTURE REALTY, INC. 05-15-2000 90296 002 ***150.00 Principal Place of Business Mailing Address 1262 LAKE FRANCIS DRIVE 1262 LAKE FRANCIS DRIVE APOPKA FL 32712 APOPKA FL 32792-4831 2. Principal Place of Business 3. Mailing Address Gilbert 628 628 Gilbert Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number inter Park 59-3512789 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Norman u benstein RUBENSTEIN, NORMAN H Street Address (P.O. Box Number is Not Acceptable) 1262 LAKE FRANCIS DRIVE APOPKA FL 32712 Gilbert 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. (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change Addition TITLE ☐ Delete Rubenstein Norman H NAME NAME RUBENSTEIN, NORMAN H 628 Gilbert STREET ADDRESS STREET ADDRESS 1262 LAKE FRANCIS DRIVE CITY-ST-7(P CITY-ST-ZIP APOPKA FL 32712 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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 with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR