2000 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2000 08:00 AM DOCUMENT # P98000048084 **Secretary of State** ALAMO REAL ESTATE INC. Principal Place of Business Mailing Address 335 N. FEDERAL HIGHWAY 335 N. FEDERAL HIGHWAY BOCA RATON FL BOCA RATON FL 33432 33432 2. Principal Place of Business 3. Mailing Address 500 NE SPANISH RIVER BLVD 500 NE SPANISH RIVER BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 207 207 City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON FL 65-0881634 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33431 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLEIMAN MATLIN & MCCLOSKY 335 N. FEDERAL HIGHWAY Street Address (P.O. Box Number is Not Acceptable) 2300 GLADES ROAD BOCA RATON FL 33432 City Zip Code BOĆA RATON 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. 04/11/2000 ROBERT HORWITZ (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change X Addition NAME MAURICE HALPERIN STREET ADDRESS STREET ADDRESS 500 NE SPANISH RIVER BLVD CITY-ST-ZIP CITY-ST-ZIP BOCA RATON \mathbf{FL} 33431 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME CLOUSE BRIAN STREET ADDRESS STREET ACCRESS 500 NE SPANISH RIVER BLVD CITY-ST-ZIF CITY-ST-718 BOCA RATON FT. 33431 TITLE ☐ Delete TILE X Change ☐ Addition NAME KLEIMAN RICHARD NAME KLEIMAN JEFFREY STREET ADDRESS 335 N. FEDERAL HIGHWAY 500 NE SPANISH RIVER BLVD STREET ADDRESS CITY-ST-ZIP BOCA RATON 33432 CITY-ST-ZIP BOCA RATON 33431 ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

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