2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P98000048341 SOUTHEAST CORPORATE SERVICES, INC. 04-23-2001 90117 025 ***150.00 Principal Place of Business Mailing Address 1250 E. HALLANDALE BEACH BLVD 1250 E. HALLANDALE BEACH BLVD SUITE 802 SUITE 802 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 65-0858755 Not Applicable Country Zip Country \$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 WORHLE, GARY 224 COMMERCIAL BLVD **STE 303** LAUDERDALE BY THE SEA FL 33308 8. The above named entity submits this statement for the purpose of changi registered agent, or both, in the State of Florida 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, 2001 Fee will be \$550.00 Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS S TO OFFICERS AND DIRECTORS IN 11 12. PTSM TITLE ☐ Delete NAME WOHRIE, GARY NAME Johrle STREET ADDRESS STREET ADDRES 224 COMMERCIAL BLVD CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Delete ☐ Addition TITLE TITLE APPELBLATT, GARY NAME NAME STREET ADDRESS STREET ADDRESS 224 COMMERCIAL BLVD CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

I hereby certify that the information supplied with this filling 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 Control of the Contr changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS