2001 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supple of the corporation or the receive changed, or on an attachment v

SIGNATURE:

with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2001 8:00 am' Secretary of State DOCUMENT # P98000049225 1. Entity Name 05-16-2001 90099 045 ***150.00 CORPORATE EXECUTIVE SUITES NORTH, INC. Principal Place of Business Mailing Address 1900 CORPORATE BLVD. 1900 CORPORATE BLVD. STOLD B SUITE 400 EAST SUITE 400 EAST **BOCA RATON FL 33431** BOCA RATON FL 33431 US HS 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 65-0868203 Not Applicable Zip 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 Name ____. NETBURN, DAVID A Street Address (P.O. Box Number is Not Acceptable) 6800 W COMMERCIAL BLVD FORT LAUDERDALE FL 33319 City Zip Code 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME GALEL, HENRY STREET ADDRESS 1900 CORPORATE BLVD. SUITE 400 EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Change ☐ Delete TITLE TITLE D NAME ZIMET, DAVE NAME STREET ADDRESS STREET ADDRESS 1900 CORPORATE BLVD. SUITE 400 EAST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Addition Change ☐ Delete TITLE D TITLE GALEL, YORAM NAME = NAME STREET ADDRESS STREET ADDRESS 1900 CORPORATE BLVD. SUITE 400 EAST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ental 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 this state of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information

FILED

Daytime Phone #

Date