2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SUITE 4100

2101 WEST COMMERCIAL BLVD.

FT LAUDERDALE FL 33309-3054

DOCUMENT # P98000052487

Entity Name

SUITE 4100

Principal Place of Business

FT LAUDERDALE FL 33309

2101 WEST COMMERCIAL BLVD.

HOLLYWOOD ATLANTIC REAL ESTATE GROUP, INC.

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0847134 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FORMAN, ROBERT S ESQ. Street Address (P.O. Box Number is Not Acceptable) 2101 WEST COMMERCIAL BLVD. **SUITE 4100** FT LAUDERDALE FL 33309 Zip Code 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 . DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE KANTER, STEPHANIE NAME STREET ADDRESS STREET ADDRESS 2101 W COMMERICAL BLVD #4100 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE NAME KANTER, ADAM NAME STREET ADDRESS STREET ADDRESS 2101 W COMMERICAL BLVD #4100 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Change Addition ☐ Delete TITLE NAME SHIMM, STACEY NAME STREET ADDRESS 2101 W COMMERICAL BLVD #4100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309

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 the 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 propovered.

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

TITLE

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

DPST

SHIMM, KENNETH L

2101 W COMMERICAL BLVD #4100

FORT LAUDERDALE FL 33309

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

4/25/00 994.463.270

☐ Change

☐ Change

☐ Change

Addition

☐ Addition

Addition

FILED

May 09, 2000 8:00 am Secretary of State

05-09-2000 90019 038 ***150.00

F 07.14 (9/99)