2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000058654** Apr 22, 2000 8:00 am Secretary of State ZADKO PROPERTY MANAGEMENT, INC. 04-22-2000 90040 034 ***150.00 Principal Place of Business Mailing Address 7400 SW 50TH TERRACE #104 7400 SW 50TH TERRACE #104 MIAMI FL 33155-4481 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 74-2885428 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GABRIEL, ALAN L ESQ Street Address (P.O. Box Number is Not Acceptable) 2455 EAST SUNRISE BOULEVARD PENTHOUSE EAST FORT LAUDERDALE FL 33304 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 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, 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. Addition TITLE ☐ Delete TITLE ZADIKOFF, GERALD NAME NAME 7400 SW 50TH TERRACE #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33155** Change Addition TITLE ☐ Delete TITLE ZADIKOFF, MARINA NAME NAME 7400 SW 50TH TERRACE #104 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33155** ☐ Addition ☐ Delete TITLE ☐ Chande TITL F NAME ATTAR, MAMIE NAME 7400 SW 50TH TERRACE #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Addition Delete TITLE ☐ Chande TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE 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 13. I hereby certify that the information supplied with this filing goes 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 eath; that I am an officer or director

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.

SIGNATURE

SIGNATURE #

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00 (305)666-577