2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2001 8:00 am Secretary of State DOCUMENT # P98000060724 SCHWARTZ & RIDDLE, P.A. 03-20-2001 90032 039 ***150.00 Mailing Address Principal Place of Business 4800 NORTH FEDERAL HIGHWAY #201B 4800 NORTH FEDERAL HIGHWAY #201B **BOCA RATON FL 33431** BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address 6601 Park of Commerce Blod 6601 Park of Commerce Blut DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0849108 یک مط a Boca-Raton Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired USA 33487 33487 Fee Required uSA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOOKSTEIN, MERRILL A 4800 NORTH FEDERAL HIGHWAY #201B **BOCA RATON FL 33431** De purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above pamed er DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE PSTD TITLE NAME SCHWARTZ, KENNETH J NAME STREET ADDRESS STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY #201B CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change Addition Delete TITI F TITLE NAME NAME RIDDLE, LAURA P STREET ADDRESS STREET ADDRESS 4800 N. FEDERAL HWY #201B CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS 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 M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME

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 adaction with an address, with all other like expowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE. SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

3/14/01

5619994403

Daytime Phone #