FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 08, 2000 8:00 am Secretary of State DOCUMENT # P98000062720 1. Entity Name FLA COMMERCIAL PROPERTIES, INC. 05-08-2000 90166 023 ***150.00 Principal Place of Business Mailing Address 1312 COMMERCE LANE 1312 COMMERCE LANE STE 2B STE 2B JUPITER FL 33458-5640 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business WILLOUGHBY BLUD 2506 SE WILLOUGHBY 250h SE. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0862464 FL Not Applicable STUART STUBET Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required MARTIL MARTIN 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PURIND AL BEET WHITMIRE, DRENNEN L Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH AUSTRALIAN AVE, SUITE 800 WEST PALM BEACH FL 33401 STUART its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity set 4/24/00 DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Delete TITLE: POMA. FRANK NAME NAME 2506 S.E. WILLOUGHBY BLUD 9040 BELVEDERE RD STREET ADDRESS STREET ADDRESS STUART FL 34994 CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP 🚮 Change ☐ Addition Defete TITLE TITLE 2506 S.E. WILLOUGH BY PURINO, ALBERT T NAME NAME 9040 BELVEDERE RD STREET ADDRESS STREET ADDRESS FL 34994 CITY-ST-ZIP DITY-ST-7IP WEST PALM BEACH FL 33411 ☐ Addition Change Ch ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted 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 address, with all other like empowered. 4/24/00 561-743-4678 Date Dayline Phone

- REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: