## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am g Secretary of State P98000067499 DOCUMENT # 1. Entity Name 05-14-2002 90282 038 \*\*\*150.00 SEVENTY-FIVE EAST, INC. Principal Place of Business Mailing Address 1000 NORTH HIATUS ROAD 5100 TOWN CENTER CIRCLE #100 SHITE 330 PEMBROKE PINES FL 33026 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address 1000 N. Hiatus Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 100 City & State City & State 4. FEI Number Applied For Pembroke Pines 65-0855355 Not Applicable Zip Country Country USA \$8.75 Additional 5. Certificate of Status Desired 33026 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent E.H.G. RESIDENT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 5100 TOWN CENTER CIRCLE SUITE SEC. 4 30 **BOCA RATON FL 33486** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F CR2E034 (9/01) Addition ZIMMERMAN, HOWARD J NAME Leonard Miller 1000 N. Hiatus Rd., Suite 100 NAME STREET ADDRESS 9000 SHERIDAN ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 Pembroka Pincs, FL 33026 CITY-ST-ZIP ☐ Delete TITLE VP/S/D ▼ Change ☐ Addition NAME MILLER, ROBERT B NAME 1000 N. Hiatus Rd., Suite 100 STREET ADDRESS 11801 PEMBROKE RD STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33025 CITY-ST-ZIP Pembroke Pines, FL TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-78 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 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

FILED

DAZURE REROSETER Miller, V. Pres. 4/29/02 SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.