2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P98000067697 DOCUMENT # 03-12-2002 90280 016 ***150 00 1. Entity Name 735 NORTHEAST FIFTEENTH AVENUE, INC. Principal Place of Business Mailing Address 23145 925 INTRACOASTAL DRIVE 925 INTRACOASTAL DRIVE FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0855722 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UZZO, BRIAN A 3895 CHICKEE LANE POBOX 97075-2 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 - BOCG - ROTON TC 33497-0752 10883 Gantry Street Boco Rator 1 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 site if applicable. (NOTE: Registered Agent signature regulared when reinstation) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, 4 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 9 ☐ Delete TITLE ☐ Addition CR2E034 (9/01) UZZO, ROBERT W NAME NAME STREET ADDRESS 10883 GANTRY STREET STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition UZZO, BRIAN A NAME NAME 3995 CHICKEE LANE PO ROX 970752 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP X MARGATE FL 33065 BOCG Raton PL 33 CITY-ST-7IP 10883 Gantry Street Delete TITLE TITLE - - - - - - - Change - - Addition NAME Bula lation ft 33408 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLÉ ☐ Delete ΪΠΈ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the Information supplied with this filling toos not qualify ter 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 apocurate 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 special section of the corporation or the receiver or trustee empowered to execute this special section of the corporation or the receiver or trustee empowered to execute this special section of the corporation or the receiver or trustee empowered to execute this special section of the corporation or the receiver or trustee empowered to execute this special section of the corporation or the receiver or trustee empowered to execute this special section of the corporation or the receiver or trustee empowered to execute this special section of the corporation or the receiver or trustee empowered to execute this special section of the corporation or the receiver or trustee empowered to execute this special section of the corporation or the receiver or trustee empowered to execute this special section of 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 the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustees.