2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000074804 Mar 21, 2000 8:00 am Secretary of State 1. Entity Name THE GERBER GROUP, INC. 03-21-2000 90052 028 ***150.00 Principal Place of Business Mailing Address 9138 NORTHWEST 20TH MANOR 9138 NORTHWEST 20TH MANOR CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071-6141 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0862356 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JEWET, SCHWARTZ & ASSOC. Street Address (P.O. Box Number is Not Acceptable) 2435 HOLLYWOOD BLVD STE 204 HOLLYWOOD FL 33020 Zip Code City 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 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 OFFICERS AND DIRECTORS 12. 11. Change Addition **PSD** TITLE Delete NAME NAME GERBER, SANFORD R STREET ADDRESS STREET ADDRESS 9138 NORTHWEST 20TH MANOR CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☐ Addition VTD Delete TITLE TITLE NAME KAMBER, STUART I NAME STREET ADDRESS STREET ADDRESS 9138 NORTHWEST 20TH MANOR City-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME 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 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

GENATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone &

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