2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000083213** Mar 30, 2000 8:00 am **Secretary of State** LEWIS PROPERTIES, INC. 03-30-2000 90003 046 ***150.00 Principal Place of Business Mailing Address 220 S.W. 32ND ST. 220 S.W. 32ND ST. FT. LAUDERDALE FL 33315-3324 FT. LAUDERDALE FL 33315 631305 3. Mailing Address 2. Principal Place of Business P O BOX 21107 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0876106 FT. LAUDERDALE, FL. Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33335-1107 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHENS, JOHN E Street Address (P.O. Box Number is Not Acceptable) 220 S.W. 32ND ST. FT. ALU FL Zip Code FL obmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name JOHN E. STEPHENS 3/27/00 SIGNATURE egistered 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LEWIS, JAMES R JR STREET ADDRESS STREET ADDRESS 220 SW 32ND STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Addition ☐ Change TITLE D۷ Delete TITLE NAME LEWIS, STEPHEN R NAME STREET ADDRESS 220 SW 32ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 TITLE Change ☐ Addition TITLE ☐ Delete NAME LEWIS, ALICE O NAME STREET ADDRESS 220 SW 32ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33315 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 ☐ Delete TITLE ☐ Change ☐ Addition DBF 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. LEWIS, JR. 3/27/00 (954)523-437