FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 06, 2002 8:00 am Secretary of State P98000092175 DOCUMENT # 1. Entity Name 08-06-2002 90134 024 ***150.00 AJP-MLP, INC. Principal Place of Business Mailing Address 711 N COUNTRY RD C/O STUART J HOFT PALM BEACH FL 33480 321 ROYAL BISCAYNE PLAZA SOUTH PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 4/0 N. COUNT STUART Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Royal Poinclana Plaza S City & State 4. FEI Number Applied For 65-0874402 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA ÚS A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HANLON, M. TIMOTHY ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O ALLEY, MAASS, ROGERS, ET. AL. 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH FL 33480 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 E DPT ☐ Addition CR2E034 (4/02) POISSON ARTHUR J POISSON, AURTHUR J NAME NAME 711 N COUNTY RD 711 N. County Rd STREET ADDRESS STREET ADDRESS PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITI F DS ☐ Delete TITLE ☐ Change ■ Addition NAME POISSON, MARY L NAME STREET ADDRESS 711 N COUNTY RD STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP -TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 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

SIGNATURE:

changed, or on an attachment with an address.

Poissons

Daytime Phone #

Attachment

AJP-MLP, Inc. c/o Stuart J. Haft

321 Royal Poinciana Plaza, South Palm Beach, Florida 33480

P98000092178

July 31, 2002

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

Dear Sir or Madam:

Enclosed is the 2002 Uniform Business Report for AJP-MLP, Inc., and a check for the filing fee in the amount of \$150.00, payable to the Department of State.

We are not paying the late filing fee because you sent the Report to the wrong address and we did not receive it.

Enclosed is a copy of the 2001 Uniform Business Report filed on March 14, 2001. You failed to make <u>any</u> of the changes indicated and you changed the mailing address to a non-existent address. The mailing address is "321 Royal <u>Poinciana</u> Plaza," not "321 Royal <u>Biscavne</u> Plaza."

Please update the records as indicated, again, on this year's Uniform Business Report.

Sincerely,

Arthur J. Poisson, President

Enclosures ...

2001 UNIFORM BUSINESS REPORT (UBR)

Attochment

1. Entity N	UMENT # 1980000 LP, INC.	092175	676	62		ar 14, 2 ecretar ⁰³⁻¹⁴⁻²⁰⁰¹ 90	${f y}$ of ${f S}$	State
	ace of Business	Mailing Address						
711 M COUNTRY RD PO BOX 431 PALM BEACH FL 33480 PALM BEACH FL 33480							4.3	
2. Principa	Place of Business N COUNTY ROAD	3. Mailing Address						
Suite, A		Suite, Apt. #, etc. 321 Royal Poinciona Plaza South			DO NOT WRITE IN THIS SPACE			
City & St PAL		City & State Palm Beach	Florida	36014	4. FEI Number	65-0874402		Applied Fo
Zip 33°	180 Country USA	Zip 33480	Country		5. Certificate of	Status Desired		Not Applica 5 Additional aguired
	6. Name and Address of Current	Registered Agent	Name	·	7. Name and Ad	dress of New Regi		
C/C 321	NLON, M. TIMOTHY ESQ.) ALLEY, MAASS, ROGERS, ET. AL ROYAL POINCIANA PLAZA SOUTH M BEACH FL 33480			Address (P	O. Box Number i	s Not Acceptable)	FL Zig	Code
8. The abov	e named entity submits this statement for	the purpose of changing its	registered office of	r registere	agent, or both, i	n the State of Florida		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signa	ture required wi	hen reinslating)		DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE IS \$150. 01 Fee will be \$ lie to Departmen	550.00	· · · · · ·	n Campaign Financ and Contribution.	· — •	5.00 May E
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CH	ANGES TO OFFICE	RS AND DIREC	TORS IN 11
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3. I hereby c	ertify that the information supplied with th	is filing does not qualify for the		nd in Casti-	0 110 07/0///			

Thereby 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 direct 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 other like empowered.

Arthur T. Roisson

CICLIATION.