FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State P98000094243 DOCUMENT # 1. Entity Name 05-27-2002 90403 046 ***150 00 FORTUNATO & ASSOCIATES, P.A. Mailing Address Principal Place of Business 110 S.E. 6TH STREET 110 S.E. 6TH STREET **SUITE 1601 SUITE 1601** FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business 100 S.E. Third Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0873495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIDGLEY-FORTUNATO, MELODY Street Address (P.O. Box Number is Not Acceptable) 110 S.E. 6TH STREET **SUITE 1601** Zip Code FT. LAUDERDALE FL 33301 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete RIDGLEY-FORTUNATO, MELODY NAME NAME 110 S.E. 6TH STREET, SUITE 1601 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Change Addition Delete TITI E TITLE NAME NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information figure port 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information 9 indicated on this report or supplement of the corporation or the receiver of changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

REQ Melodis Lidgey Fortunato 4.29.02

De of Signings Officer on Director SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

☐ Delete

☐ Change

☐ Addition