| DOCUI 1. Entity Name | UNIFORM BUS MENT # P980000 DEVELOPMENT CORP. | RT (UBR) | FILED Apr 26, 2001 8:00 am Secretary of State 04-26-2001 90258 007 ***150.00 | | | | |
|--|--|--|---|--------------------------------------|---|-------------------------------|---------------------------------|
| Principal Place of Business 21 PALM AVENUE MIAMI BEACH FL 33139 US | | Mailing Address 21 PALM AVENUE MIAMI BEACH FL 33139 US | | | · Nar |) (7) (8) (4) (| |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE | IN THIS SPACE | |
| City & State | | City & State | | 4. FEI Number 65-0878798 Applied For | | | |
| Zip | Country | Zip | Country | 5. Certific | ate of Status Desired | \$8.75 Add | ot Applicable ditional ed |
| | 6. Name and Address of Curren | t Registered Agent | NI | 7. Name a | and Address of New Rec | jistered Agent | |
| 21 P. | GEL, FREDERICK B ALM AVENUE 11 BEACH FL 33139 | | Street Addres City | s (P.O. Box Nu | mber is Not Acceptable) | Zip Cod | |
| Tax filing i | Signature, typed or printed name of registered ages pration is eligible to satisfy its Intangib requirement and elects to do so, ria on back) | le FILE NOW! After MAY 1, 20 | E: Registered Agent signature reco !! FEE IS \$150.00 01 Fee will be \$550.00 ble to Department of S | 10. | Election Campaign Finar Trust Fund Contribution. | Ψο | 00 May Be |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPIEGEL, FREDERICK B 21 PALM AVENUE MIAMI BEACH FL 33139 | O DIRECTORS | 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIO | NS/CHANGES TO OFFIC | CERS AND DIRECTOR Change | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Dalete | TITLE NAME STREET ADDRESS CITY-SY-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | Change | ☐ Addition |
| TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Deletc | THLE NAME STHEET ADDRESS CHY-ST-ZIP | | · · · · · · | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | THLE NAME STREET ADDRESS OTY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TIFLE NAME SHEET ADDRESS CTY-ST-ZIP | | | Change | Addition |
| indicated | certify that the information supplied with don this report or supplemental report poration or the receiver or trustee end, or on an attachment with an address | t is true and accurate and that | mv sighature shall have t | no same legal (| effect as if made under oa | ath: that Lam an office | er or director |
| SIGNAT | TURE: | R PRINTED NAME OF SIGNING OFFICER | FREDERICK B S | SPIEGEL | 3/27/6/ Date | (305)532-2 Daythre Phone # | 727 |