FILED

2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P98000095746 ROGER A. BERNSTEIN, P.A. 04-03-2001 90043 005 ***150.00 Principal Place of Business Mailing Address 2875 N.E. 191ST STREET 2875 N.E. 191ST STREET PENTHOUSE 1B PENTHOUSE 1B AVENTURA FL 33180 **AVENTURA FL 33180** 3. Mailing Address 2. Principal Place of Business 2875 N.E. 191st Steect Street 2875 N.E. 191 St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite # 500 Soo <u>50</u>;†€ City & State Applied For City & State 4. FEI Number 65-0874257 FL Hventura Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNSTEIN, ROGER A Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191ST STREET PENTHOUSE 1B **AVENTURA FL 33180** 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 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition CR2E034 (10/00) **Change** TITLE ☐ Delete TITLE BERNSTEIN, ROBER A. 2875 N.E. 1915+ Street Aventura FL 33180 BERNSTEIN, ROGER A NAME NAME Suite# 500 2875 N.E. 191ST STREET PENTHOUSE 1B STREET ADDRESS STREET ADDRESS CITY-ST-7IP **AVENTURA FL 33180** CITY-ST-7IP Addition TITLE ☐ Defete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change ---- 🗀 - Addition --TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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

KOGER A BERNSTEIN