## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 28, 2002 8:00 am Secretary of State DOCUMENT # P98000096615 1. Entity Name 07-28-2002 90196 047 \*\*\*550.00 ABRAMS, ETTER & MARKS, P.A. Mailing Address Principal Place of Business 800 BRICKELL AVENUE STE. 1115 800 BRICKELL AVENUE STE. 1115 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0884128 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ETTER, JEANNIE Street Address (P.O. Box Number is Not Acceptable) 800 BRICKELL AVENUE STE. 1115 MIAMI FL 33131 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 familia the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed or printed name of registered agent and title if app FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition 🛣 Change PV ☐ Delete TITLE TITLE NAME NAME ETTER, JEANNIE STREET ADDRESS STREET ADDRESS 800 BRICKELL AVENUE STE. 1115 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Delete TITLE TITLE S NAME NAME MARKS, DEBORAH STREET ADDRESS STREET ADDRESS 800 BRICKELL AVENUE STE. 1115 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** - Ghange - - Addition - Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 TITLE TITLE NAME NAME

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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP