2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90191 007 ***150.00

DOCUMENT #: P98000099380

1. Entity Name

E. W. GROUP INC

Principal Place of Business

7460 SW 48th ST
MIAMI, FL 33155

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

E W GROUP INC

Suite, Apt. #, etc. C/O R&S MGMT 5821 Reddman RD

City & State CHARLOTTE, NC

Zip 28212 | Country USA

4. FEI Number 65-0889802 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SORKIN, LAWRENCE
%R & S MANAGEMENT
7460 S.W. 48th ST
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name: LAWRENCE SORKIN

Street Address (P.O. Box Number is Not Acceptable): C/O R-S MGMT

7460 SW 48th ST

City: MIAMI FL Zip Code: 33155

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] LAWRENCE SORKIN 4/12/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SORKIN, SELMA		NAME	
STREET ADDRESS	4721 UNIVERSITY DRIVE		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SORKIN, LAWRENCE		NAME	
STREET ADDRESS	5921 REDDMAN ROAD		STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 29212		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SORKIN, STEVEN		NAME	
STREET ADDRESS	11900 FARMLAND DRIVE		STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20952		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	LOSBEN, JUDITH		NAME	
STREET ADDRESS	210 WEST RITTENHOUSE SQUARE #2507		STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19103		CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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

SIGNATURE: [signature] LAWRENCE SORKIN 4/12/00 704/5320750
BIG NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR