2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 31, 2000 8:00 am Secretary of State DOCUMENT # **P99000004703** 1. Entity Name WARKEN REALTY CORP. 03-31-2000 90006 035 ***150.00 Mailing Address Principal Place of Business 18400 WEST DIXIE HIGHWAY 18400 WEST DIXIE HIGHWAY SUITE D SUITE O NORTH MIAM! BEACH FL 33160-2048 NORTH MIAMI BEACH FL 33160 Mailing Address 424 E. N. WATER 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State , ILLINOIS Not Applicable \$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 SHIDLOWSKY, HOWARD 18400 WEST DIXIE HIGHWAY SUITE D NORTH MIAMI BEACH FL 33480 ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity **SIGNATURE** 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) resident/secretary ☐ Addition TITLE Delete TITLE 424 East North Water Street Unit E VID R NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change □ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Maddition ☐ Change ☐ Delete TITLE TITLE 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 or changed, or on an attachment with an address, with all other like empowered.

FILED