2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am DOCUMENT # P99000008829. Secretary of State CLARION REALTY GROUP, INC. 05-18-2001 91595 039 ***150.00 Principal Place of Business Mailing Address 101 S. ATLANTIC BLVD. 101 S. ATLANTIC BLYD. FT. LAW CERDALE, FL3831/2 FT. LAWERDALE, FL 33316 552312 2. Principal Place of Business 305 S. Andrews 3. Mailing Address ONE RIVER TO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MUDERDALE T. LAWDERDAL 65-089 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33301 42N Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent > KOBERT Street Address (P.O. Box Number is Not Acceptable) ONE RIVER PLAZE ANDREWS AVE. ANDERDALE, FL 33316 1 OE 371W Zip Code WERDALE 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, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ☐ Delete ☐ Change TITLE NAME NAME 3058. ANDREWS AVE, Suite 301 STREET ADDRESS STREET ADDRESS AUDOCONE, FL 33316 CITY-ST-ZIP CITY-ST-ZIP Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR