2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 16, 2001 8:00 am Secretary of State DOCUMENT # P99000027345 1. Entity Name 05-16-2001 90215 011 ***150.00 CORE REALTY GROUP INC. Mailing Address Principal Place of Business 1300 SE 17TH ST. 1300 SE 17TH ST. SUITE 202A SUITE 202A FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business CORE REALTY GROUP, INC. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ATTN: MS. PHYLLIS M. CURTIS 2530 N.E. 32ND COURT Applied For City & State FEI Number 65-0923801 LIGHTHOUSE POINT, FLORIDA 33064 Not Applicable \$8.75 Additional Zip Country ..-Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CURTIS. PHYLLIS M Street Address (P.O. Box Number is Not Acceptable) 2530 N.E. 32ND COURT POMPANO BEACH FL 33064 Zip Code City FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition □ Delete TITLE TITLE CURTIS, PHYLLIS M NAME NAME STREET ADDRESS 2530 N.E. 32ND CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE 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-7IP 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.

5-01-0; ate Daysime Phone #

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