2000 UNIFORM BUSINESS REPOR® (UBR) 5/ DOCUMENT # P99000031235 Jun 21, 2000 8:00 am VL EAST BUILDING CORP. **Secretary of State** 05-11-2000 90075 018 ***150.00 Principal Place of Business Mailing Address 871 WEST OAKLAND PARK BLVD. 871 WEST OAKLAND PARK BLVD. FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311-1731 2. Principal Place of Business 'NMMERCIAI G. CHHMERAIA DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent-Name **BLODIG, GREGORY J ESQ** Street Address (P.O. Box Number is Not Acceptable) GREENSPOON MARDER HIRSCHFELD ET AL 100 WEST CYPRESS CREEK ROAD SUITE 700 FT LAUDERDALE FL 33309 Zip Code City 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 (NOTE: Registered Agent alignature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE Delete Věrrillo, James NAME **VERRILLO, JAMES** NAME 19 E. Commercial 871 WEST OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33311 Change Addition Delete TITLE TITLE NAME LAMBERT, DANIEL NAME STREET ADDRESS 871 WEST OAKLAND PARK BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33311 Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-7/P CITY - ST - 21P ☐ Addition □ Delete .TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-219 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 flustee 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. Æ SIGNATURE: . Cayeme Phone # ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR