2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 05, 2001 8:00 am Secretary of State DOCUMENT # P99000032338 1. Entity Name LOVE REAL ESTATE, INC. 02-05-2001 90020 036 ***150.00 Principal Place of Business Mailing Address 4400 NORTH FEDERAL HIGHWAY SUITE 2 4400 NORTH FEDERAL HIGHWAY SUITE 2 BOCA RATON FL 33431 BOCA RATON FL 83431 Love Real Estate Love Real Estate 2061 Boca Raton Blvd. 2061 Boca Raton Blod. 3. Mailin Bock Raton, FL 33431 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0909544 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FELBERBAUM, RICKEY S ESQ Street Address (P.O. Box Number is Not Acceptable) 1200 NORTH FEDERAL HIGHWAY SUITE 320 **BOCA RATON FL 33432** Zip Code 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 DATE 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 \$5.00 May Be 10. Election Campaign Financing 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 12. 11. ☐ Addition TITLE NAIVEN, ERIC R TITLE ☐ Delete NALVEN, ERIC F 4400 NORTH FEDERAL HIGHWAY SUITE 2 NAME NAME 2001 BOCH ROTAL BIOD, STREET ADDRESS STREET ADDRESS BOCA RALON, 12c 23431 BOCA RATON FL 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition -Love Real Estate TITLE NAMAC 2061 Boca Raton Blvd. - New NAME STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [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-7IP CITY-ST-ZIP 13. I hereby certify that the information supplie t with this filln indicated on this report or supplemental report is true and of the corporation or the receiver of trustee empowered to changed, or on an attachment with an address, with all of does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

1-30-01 Sol7508686 EPIC NA VEN SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #