UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # P99000035346 05-04-2001 90159 016 ***150.00 BUCH INVESTMENTS, INC., Principal Place of Business Mailing Address 1950 S OCEAN DR. APT 7G 1950 S OCEAN DR. APT 7G HALLANDALE FL 33009 HALLANDALE FL 33009-5942 00046835 2. Principal Place of Business 3. Mailing Address 2021 Tyler Street P.O. Box 229010 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hollywood Hollywood 65-092 5160 Not Applicable Zip 33020 Country Country \$8.75 Additional 5. Certificate of Status Desired 33022 Broward - Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gene K. Glasser, Esq. CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 2021 Tyler Street City 33020 FI Hollywood 8. The above named -submits this staterithin for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. XX Delete TITLE ☐ Addition TITLE Change **BUCH, SYLVIA** NAME NAME STREET ADDRESS 1950 S OCEAN DR, APT 7G STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 TITLE ☐ Delete TITLE ☐ Change XXXXddition מפ NAME NAME : Jerome N. Goldstein 256 Dayton Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Trumbull, CT 06611 TITLE Delete TITLE Change XX X dition Stanley R. Goldstein 251 North Castleford NAME NAME STREET ADORESS STREET ADDRESS Longwood, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete me ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z₩ CITY-ST-ZIP TTLE ☐ Deiete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 adoptemental 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 attactionent with an address, with all other like empowered. SIGNATURE: BATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR