2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000036233** Sep 05, 2000 8:00 am Secretary of State 1. Entity Name FAIRWAY INTERNATIONAL BROKERAGE, INC. 09-05-2000 90042 003 ***550.00 Principal Place of Business 2511 PONCE DE LEON BLVD., STE. 205 2511 PONCE DE LEON BLVD., STE. 205 CORAL GABLES FL 33134 CORAL GABLES FL 33134 A0075198 2. Principal Place of Business 3. Mailing Address INDIAN TRACE 318 INDIAN TRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #110 #110 City & State City & State 4. FEI Number Applied For WESTON 65-0925529 WESTON Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33326 33326 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANIT REISMAN, JEROME S Street Address (P.O. Box Number is Not Acceptable) 4284 DIAMOND ERRACE 2511 PONCE DE LEON BLVD., STE. 205 CORAL GABLES FL 33134 CityWESTON submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 01-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 ☐ Change TITLE ☐ Celete EISENBERG, NEIL STREET ADDRESS 3975 N.W. 75TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 Delete Change ☐ Addition NAME REISMAN, STUART R NAME STREET ADDRESS 13940 S.W. 102 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** DST Delete TITI F Change Addition TITLE GRANIT, FRANK NAME NAME STREET ADDRESS STREET ADDRESS **4284 DIAMOND TERRACE** City-St-ZIP CITY-ST-ZIP WESTON FL 33331 Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 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 of 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-00

(954) 5**6**0-3788

Daytime Phone #