FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment wit

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P9900036827 1. Entity Name E.H.G. & ASSOCIATES, INC. 04-16-2001 90004 019 \*\*\*150.00 Principal Place of Business Mailing Address 2501 RIVERDALE DRIVE #516 2501 RIVERDALE DRIVE #516 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 4783 SO. CITATION DE 4783 SO. CITATION DRIVE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0909894 REACH BEACH DELLA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent スロロライミルノーモレレロナ GOLDSTEIN, ELLIOT 2501 RIVERDALE DRIVE #516 CORAL SPRINGS FL 33065 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete Change ☐ Addition CR2E034 (10/00) TiT) F TITLE GOLDSTEIN, ELLIOT GOLDSTEIN, ELLIOT NAME NAME 4783 50 CITATION DE #203 2501 RIVERDALE DRIVE #516 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 3344 5 CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 eath; 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

npowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR