2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000037369** May 16, 2000 8:00 am 1. Entity Name TFSG PROPERTIES. INC. Secretary of State 05-16-2000 90040 049 ***158.75 Mailing Address Principal Place of Business FOUR WEST LAS OLAS BLVD FOUR WEST LAS OLAS BLVD FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301-1803 2. Principal Place of Business 3. Mailing Address 4 W Las Olas Blvd. 4 W Las Olas Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 209 City & State Ste. 209 City & State 4. FEI Number Applied For 65-0918750 Ft. Lauderdale, FL Ft. Lauderdale, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33301 33301 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bruce C. Barber CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 4 W Las Olas Blvd. 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Ste. 209 Zin Code Ft. Lauderdale 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. 4/28/00 Bruce C. Barber (NOTE: Registered Agent signature required when reinstating) d 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE Change TITLE BARBER, BRUCE C NAME NAME STREET ADDRESS 4 WEST LAS OLAS BLVD, SUITE 209 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Addition Delete TITLE ☐ Change TITLE BOOTH, BARRY J NAME 4 W Las Olas Blvd., Ste. 209STREET ADDRESS STREET ADDRESS 4 WEST LAS OLAS BLVD CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33301 - - Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE MAME NAME C Fag STREET ADDRESS STREET ADDRESS . b [** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce C. Barber

4/28/00

(954) 523-2470

Daytime Phone #

CHZEU34 (9/98