FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 12, 2001 8:00 am DOCUMENT # P99000038234 Secretary of State 1. Entity Name THE PETRETTI GROUP, INC. 03-12-2001 90419 033 ***150.00 Principal Place of Business Mailing Address 1450 PALMER AVE 1450 PALMER AVE WINTER PARK FL 32789 WINTER PARK FL 32789 2 Principal Place of Business 2180 N. Park AVenue 3. Mailing Address Park Avenue Suite, Apt. #, etc. Suite 300. Suite, Apt. #, etc. Suite 300 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3575071 Winter Park, FL Winter Park, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32789-2358 Orange 32789-2358 Ora<u>nge</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name same BERGER, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 2180 N. Park Avenue 1450 PALMER AVENUE WINTER PARK FL 32789 Suite 300 32789-2358 Winter Park, 8. The above named at 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) 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. 12. $\overline{\mathrm{D.P.}}$ TITLE Delete TITLE X Change same" BERGER, JEFFREY S NAME STREET ADDRESS 1450 PALMER AVE STREET ADDRESS 1616 Spruce Avenue CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Winter Park, FL 32789-2020 ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

NG OFFICER OR DIRECTOR