2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # **P99000038889** 1. Entity Name DC 65 REALTY, INC. 04-23-2001 90006 004 ***150.00 Principal Place of Business Mailing Address 65 NE 4TH AVE. 65 NE 4TH AVE. DELRAY BEACH FL 33483 DELRAY BEACH FL 33483 2. Principal Place of Business 3. Mailing Address · Suite, Apt, #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0917362 Not Applicable Zip Country Zip Country__ \$8.75 Additional 5. Certificate of Status Desired _ _ _ _ Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARBONE, LOUIS J Street Address (P.O. Box Number is Not Acceptable) 65 NE 4TH AVE. **DELRAY BEACH FL 33483** City Zip Code 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition TITLE Delete TITLE CARBONE, PAT NAME NAME STREET ADDRESS 15452 STRATHEARN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete W ☐ Change ☐ Addition TITLE TITLE CARBONE, LOUIS J NAME NAME STREET ADDRESS STREET ADDRESS 65 NE 4TH AVE. CITY-ST-ZIP ~ CITY-ST-ZIP_ DELRAY BEACH FL 33483 TITLE SD □ Delete TITLE ☐ Change ☐ Addition CARBONE, DOLORES NAME STREET ADDRESS 15452 STRATHEARN DRIVE STREET ADDRESS CITY-ST-7IP DELRAY BEACH FL 33483 CITY-ST-ZIP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing docardy 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 active a 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 the 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 the information state of the execute the repowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LOVIS J. CANDON

ulida

561272-0287

Daytime Phone #