## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State DOCUMENT # P99000039773 1. Entity Name RICHARD S. GENDLER & ASSOCIATES, P.A. 05-27-2002 90500 009 \*\*\*150 00 Principal Place of Business Mailing Address 2828 CORAL WAY, STE. 308 2828 CORAL WAY, STE, 308 80116942 MIAMI FL 33145 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address CORAL WAY 2828 CORAL WAY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0923662 MIAMI MIAM Not Applicable \$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 Name GENNEK GENDLER, RICHARD S Street Address (P Number is Not Acceptable 2828 CORAL WAY, STE. 308 **MIAMI FL 33145** SUITE City MIAMI 8. The above named entity s atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 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 TITLE ΔP ☐ Delete Change Addition GENDLER, RICHARD S NAME NAME GENDLER I RICHARD S STREET ADDRESS 16241 NW 20 ST 2828 CORAL WAY SUITE 304 MIAMI, FL 33145 STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 - Delete TITLE ☐ Change — ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information

3. 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 export is type 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 by postered 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: X

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4-29-0

× 305-444-1533

CR2E034 (9/01)