FILED

Jul 02, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** 05-23-2001 90233 005 ***150.00 Déborah K. Hausman, Principal Place of Business 2000 W. Palmetto Park Rd. 2. Principal Place of Business 50me <u> 2000-6</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 12-1430182 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Mausman aboah Street Address (P.O. Box Number Is Not Acceptable) you attempt. W accor SE 402 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. NOTE Reg stored Agent signature re FEE IS \$150.00 FILE NOW! 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Fee will be \$550.00 After MAY 1, 201 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payab to Department of State (See criteria on back) Deborah K. Howshin Delsts ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ITTLE NAME HAME 1000 W. Palmetta Pork Rd. STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP sufe you ☐ Addition ☐ Change Boun Ruton Fl. 33433 Delete TITLE OTLE NAME VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STY-SI-ZIP Change Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Deteta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-SI-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TRLE ☐ Delete TITLE NAME NAME STREET ADDR: SS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZAP 13. I hereby certify that the information supplied with this filling does not qualify from 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 cornoration 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 attaching it with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTOR

Davtime Phone s

DEBORAH K. HAUSMAN . P.A.

7000 West Palmetto Park Road, Suite 402 Boca Raton, Florida 33433 (561) 368-2228 (561) 368-9112 Facsimile HausmanLaw@aol.com

DEBORAH K. HAUSMAN*

Broward Office 7686 Wiles Road Coral Springs, Florida 33067

* Admitted to Florida and New York Bars

June 18, 2001.

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: P99000041661

DEBORAH K. HAUSMAN, P.A.

Dear Sir/Madame:

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Enclosed herewith please find the annual report which was returned to me. I am the only officer of the corporation and serve as both the president and secretary. I have completed the information on the attached form.

If you have any questions please feel free to contact the undersigned.

Very truly yours,

Deborah K. Hausman

DKH/dh