FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P99000045055 1. Entity Name SITE SELECTION SYSTEMS, INC. 04-18-2001 90045 045 ***150.00 Principal Place of Business Mailing Address 1606 N.E. 205 TERRACE 1606 N.E. 205 TERRACE NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address 2115 NE 2115 NE DRIVE Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-2429571 Beach N. Miami Miami Beach 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 HURWIT. BARRY Street Address (P.O. Box Number is Not Acceptable) 1606 N.E. 205 TERRACE NORTH MIAMI BEACH FL 33179 City N. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered 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 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 CR2E034 (10/00) 0 Change ☐ Addition TITLE TITLE ☐ Delete (URWIT HURWIT, BARRY NAME NAME 191 Drive STREET ADDRESS JUS NE STREET ADDRESS 1606 N.E. 205 TERRACE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 33179 Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Addition NAME - 3 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 13. I hereby certify that the information supplied with this filling 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.