2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State P99000045631 DOCUMENT # 1. Entity Name 04-17-2002 90154 030 ***150 LANDSHARK IMMOBILIZATIONS, INC. Mailing Address Principal Place of Business 1975 E SUNRISE BLVD 1975 E SUNRISE BLVD **STE 821 STF 821** FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 2717 E. OAKland HALK Rlud 717 E Oaklang + DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 102 o a Applied For 4. FEI Number City & State Lity & State 65-0923071 LAudordalc Not Applicable LAJOURDALE Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent URDAN JORDAN, CRAIGE 1975 E SUNRISE BLVD STE 821 FORT LAUDERDALE FL 33304 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) ame 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPVT DPVT TITLE Delete TITLE JOPDAN RAIG JORDAN, CRAIG E NAME 2717 E. DALIAND ANCHBING SU. 16/02 NAME 1975 E SUNRISE BLVD STE 821 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP LAU DERDALE □ Delete TITLE GARIAND PARK BIND S. 102 Jordan, Craig NAME NAME STREET ADDRESS 1975 E SUNRISE BLVD STE 821 STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employeered 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 addition

SIGNATURE:

SIGNATURE AND