FILED 2003 FOR PROFIT CORPORATION Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P99000053006 DOCUMENT # 04-21-2003 90448 024 ***150.00 1. Entity Name BASSO, GROSS & FRIED, P.A. Principal Place of Business Mailing Address TINGTIOG 3471 N. FEDERAL HIGHWAY 3471 N. FEDERAL HIGHWAY SHITE 310 **SUITE 310** FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 65-0925617 Not Applicable Zip Country Zip Country \$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 Name GROSS, DANIEL T Street Address (P.O. Box Number is Not Acceptable) 3471 N. FEDERAL HIGHWAY FORT LAUDERDALE 54 33306 Zip Code City the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named, the obligations of SIGNATURE istered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10 ☐ Addition TITLE TITLE ☐ Delete NAME NAME GROSS, DANIEL T STREET ADDRESS STREET ADDRESS 3471 N. FEDERAL HIGHWAY CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE VSTD NAME BASSO, LLOYD M NAME STREET ADDRESS STREET ADDRESS 3471 N. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIF FORT LAUDERDALE FL 33306 TITLE Change ■ Addition Delete_ TITLE NAME NAME FRIED, STEVEN M STREET ADDRESS STREET ADDRESS 3471 NORTH FEDERAL HIGHWAY SUITE 310 CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33306 ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ion 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 erriental 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 for truster and were no execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or support the corporation or the receive changed, or on an attachme her like empowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Change

Change

Addition

☐ Addition