FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State DOCUMENT # P99000093292 1. Entity Name MARLA GELTNER ENTERPRISES, INC. 05-27-2002 90315 019 ***150.00 Principal Place of Business Mailing Address 9040 C.W. COND TERR 9040 3.W. 62ND TERR MIAMI FL 33173 MIAMI-FL-33173 9027 SW 6ZTERR 9027 SW 62 TERR MIAMILFL 33173 MIAMI, FL. 33173 2. Principal Place of Business 1027 SW 62TER 3. Mailing Address 9021 SW 62TER 73506-ke 2506 k Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State MAM City & State MIRMILEL 4. FEI Number Applied For 65-0958832 Not Applicable Zip~- 33173 Zip 331 _Country \$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 GELTNER, MARLA E Street Address (P.O. Box Number is Not Acceptable) 9027 SW 62 TERR. 9040 S.W. 62ND TERR. MIAMILFU 33173 MIAMLEL 33173 MIAM 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Addition GELTNER, MARLA E NAME STREET ADDRESS 9040 S.W. 62ND TERR. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33173 CITY-ST-7/P TITLE Delete TITLE 9027 SW 62 TERRACE ☐ Addition NAME NAME STREET ADDRESS MIAMI, FL. 33173 STREET ADDRESS CITY-ST-7(P.:-CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 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 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.

SIGNATURE:

CR2E034 (9/01)