2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ,

Mar 14, 2001 8:00 am Secretary of State DOCUMENT # P99000094116 01-29-2001 90180 002 ***150.00 PRINCE PROPERTIES, INC. Principal Place of Business Mailing Address 15-NORTH FEDERAL HIGHWAY 15 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 RIA N.E ITTERRACE FORT Lauderdale, FL, 3330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -- City & State - -Applied For City & State 4. FEI Number APPLIED FOR Not Applicable \$8.75 Additional Zία Country Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RANDHAWA, BALBIR Street Address (P.O. Box Number is Not Acceptable) 15 NORTH FEDERAL HIGHWAY FORT LAUDERDALE FL 33301 City Zip Code €65-6324187 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 10. Election Campaign Financing \$5.00 May Be Tax-filling requirement and elects to do so. After MAY-1,:2001-Fee will be \$550.00 Trust Fund Contribution. 区 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. P/B/E/1 TITLE Change Addition CR2E034 (10/00) TITLE ☐ Delete RANDHAWA, BALBIR NAME NAME STREET ADDRESS STREET ADDRESS 15 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleto TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP 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

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