2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE:

Mar 15, 2000 8:00 am DOCUMENT # P99000100210 1. Entity Name **Secretary of State** ELLMAN PROPERTIES, INC. 03-15-2000 90022 039 ***150.00 Principal Place of Business Mailing Address 730 WEST MCNAB RD. 730 WEST MCNAB RD. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-2150 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. 4. FEI Number 65-0 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name GALLO, ROBIN J Street Address (P.O. Box Number is Not Acceptable) 730 WEST MCNAB RD. FT. LAUDERDALE FL 33309 City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE **ELLMAN, J.LEON** NAME NAME STREET ADDRESS STREET ADDRESS 730 WEST MCNAB RD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ddition ☐ Delete TITLE Change TITLE TREASURER. NAME NAME KEVIN SIROP 730 WEST MCHAB ROAD STREET ADDRESS STREET ADDRESS LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP VP/Secretary Addition □ Ďelete THE ____ Change TITLE ARTHUR BERK NAME NAME 730 W. MC NAB ROAP STREET ADDRESS STREET ADDRESS Ft. Lauberbace, FL 33309 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE ALAN MATUS NAME NAME 730 W. MCNAB ROAD STREET ADDRESS STREET ADDRESS Ft. Lauberbale, FL 33309 CITY-ST-ZIP CITY-ST-ZIP VP. Change Addition TITLE ☐ Delete TITLE Neil ELLMAN NAME 730 W. MCNAB ROAD STREET ADDRESS STREET ADDRESS FL. LauberDale, FL 33309 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE LANCE ELLMAN NAME NAME 730 WIMENAB ROAD STREET ADDRESS STREET ADDRESS FE. Laurerdale FL 33309 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 of 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

ED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #