2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000104633 - -Apr 18, 2001 8:00 am Secretary of State PHG Builders, Inc. 04-18-2001 90103 003 ***158 75 Principal Place of Business Mailing Address 2665 South Bayshore Dr. 2665 South Bayshore Dr Sute 202 50, te 202 COCONUT 6xore 72 33133 Coronst Grave, FL 33133 A0051549 2. Principal Place of Business 3. Mailing Address 9400S. Docloband Blud. 94005. Dadoland Blvd Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE sure 100 suite 100 City & State Hiami City & State 4. FEI Number Applied For 65-0962775 Miami 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 wohl, Michael D Michael 2665 south Bayshore Dr. Street Address (P.O. Box Number is Not Acceptable) Suite 202 COCONUT Grave, FL 33133 Hiami 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. richael D. Wohl, President SIGNATURE printed name of registered agent and title if applicable 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 Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Wohl, Michael D NAME 19400'S. Dackeland Blud. suite 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MICH 23156 CITY-ST-ZIP TITLE ☐ Change ☐ Addition wolfson, Louis III NAME 9400 S. Daddana Blud. suite 100 STREET ADDRESS STREET ADDRESS CITY-ST-7IP HIAMI, TL 33156 CITY-ST-ZIP TITLE Change Addition Deuten, David NAME 9400 S. Dado land erva sure 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, 72 33156 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition Friedman, Mitchell NAME NAME 9400 s. Daceland Blud. Suite 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami +4 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR