2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # S13351 1. Entity Name OSHEROW ASSOCIATES, INC. 03-20-2000 90090 026 ***150.00 Mailing Address Principal Place of Business 433 PLAZA REAL 433 PLAZA REAL **BOCA RATON FL 33432** BOCA RATON FL 33432-4080 US IIS 3. Mailing Address 2. Principal Place of Business 225 N.E. Mizner Blud 225 N.E. Mizner Blud. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 522 Su ite Applied For 4. FEI Number 65-0229338 Not Applicable \$8.75 Additional 5. Certificate of Status Desired talm Beac Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OSHEROW SHEPARD D Street Address (P.O. Box Number is Not Acceptable) 2365 S. OCEAN BLVD. HIGHLAND BCH. FL 33487 BocaRatin ourpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition DPV ange TITLE ☐ Delete TITLE Shepard Osherow 225 NE. Mizner Blud. Suite SZZ OSHEROW, SHEPARD NAME NAME STREET ADDRESS 433 PLAZA REAL: S-965 STREET ADDRESS Boca Raton, 72 33432 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** hange Shepard Osherov ☐ Addition ☐ Delete TITLE OSHEROW, SHEPARD NAME NAME 225 NE. MIZNER BILD. Suite SZE 433 PLAZA REAL, S 365 STREET ADDRESS STREET ADDRESS Bo La Raton. 7 ... 33432 CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IF ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ De ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 reports true and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the receiver outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee of changed, or on an attachmen with an addi-SIGNATURE