2000 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2000 8:00 am Secretary of State DOCUMENT # S21211 LINDBERG PROPERTIES, INC. 04-03-2000 90144 047 ***150.00 Mailing Address Principal Place of Business 741 BAYSHORE DR. 741 BAYSHORE DR. FT. LAUDERDALE FL 33304-3917 FT. LAUDERDALE FL 33304 ACC33404 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0234506 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVERMAN, MURRAY C Street Address (P.O. Box Number is Not Acceptable) 1919 NE 45TH ST. STE 215 FORT LAUDERDALE FL 33308 Zip Code City 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. i SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Addition ☐ Change ☐ Delete TITLE LINDBERG, KARL HENRIK NAME STREET ADDRESS STREET ADDRESS **GRASUDDSVGEN 21** CITY-ST-ZIP CITY-ST-ZIP SODERHAMN, SWEDEN VSD TITLE Change Addition ☐ Delete TITLE LINDBERG, JAN HAKAN NAME NAME STREET ADDRESS STREET ADDRESS **NORRALAGATAN** CITY-ST-ZIP CITY-ST-ZIP SODERHAMN, SWEDEN ☐ Addition ☐ Delete TITLE TITLE LINDBERG, KARL KENNART NAME NAME STREET ADDRESS STREET ADDRESS REPSLAGARGATAN 18 CITY-ST-ZIP CITY-ST-ZIP SODERHAMN, SWEDEN ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KARL H-LINDRERG 3/28/00 (954)

FILED