2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S37641

Apr 30, 2001 8:00 am Secretary of State SOUTHBEND REALTY, INC. 04-30-2001 90045 017 ***150.00 Principal Place of Business Mailing Address 3504 SE HYDE CIR PO BOX 9368 132085 PO BOX 9368 PO BOX 9368 PT ST LUCIE FL 34984 PT ST LUCIE FL 34985 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0260232 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FREDMAN, MARIAN Street Address (P.O. Box Number is Not Acceptable) 3504 SE HYDE CIRCLE PORT ST. LUCIE FL 34984 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. SIGNATURE
Signature typed or printed name of registered agent and title flapplicable. (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 12. 11. CR2E034 (10/00) FITLE Deiete TITLE ☐ Change Addition FREEDMAN, MARIAN MAME NAME 3504 SE HYDE CIRCLE SEREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIP PT. ST. LUCIE FL ☐ Delete TITLE [] Change Addition TIT! F NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition Chance TITLE Delete NAM8 NAME STREET ADDRESS STREET ADDRESS C:TY-ST-Z-P CITY-ST-ZIP Change Acdition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Change ■ Addition ☐ De:ete TiTi E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ncitibbA 🔲 THILE Delete NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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.

CITY-ST-ZIP

Tream Froldman (MARIAN FREGORAN) april 25 2001 561 336-4944

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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