2001 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # \$54744** 1. Entity Name HEARTWOOD 11, INC. 4-28-2001 90009 008 ***150.00 Principal Place of Business Mailing Address 1750 EAST SUNRISE BLVD. 1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0294585 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jarett S. Levan FURMAN, JACK A Street Address (P.O. Box Number is Not Acceptable) 1750 E. Sunrise Blvd. 1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304 Zip Code 33304 City Fort Lauderdale 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. Jarett S. Le<u>van</u> SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ☐ Addition □ Delete TITLE TITLE NAME NAME LEVAN, ALAN STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRIECO, FRANK NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME SARRICA, LEWIS F NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 [] Change ☐ Addition TITLE ☐ Delete TITLE LEVAN, JARETT S NAME NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRANCE, GARY I NAME NAME STREET ADDRESS STREET ADDRESS 1750 EAST SUNRISE BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Change ☐ Addition TITLE 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Jarett S. Levan

RPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AND TYPE

4/20/01

954-585-2710

Daytime Phone #