2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # \$54747** HEARTWOOD 13, INC. 04-30-2001 90067 045 ***150.00 Principal Place of Business Mailing Address 1750 EAST SUNRISE BLVD. 1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 B0041439 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0294587 Not Applicable Zip 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 Jarett S. Levan FURMAN, JACK A ress (P.O. Box Number is Not Acceptable) **E. Sunrise Blvd.** 1750 EAST SUNRISE BLVD. FORT LAUDERDALE FL 33304 City Fort Lauderdale 33304 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 Fiorida. Jarett S. Levan registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. D CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition MANAF LEVAN, ALAN NAME STREET ADDRESS 1750 EAST SUNRISE BLVD. STREET ADDRESS CITY-ST-ZiP FORT LAUDERDALE FL CITY-ST-ZIP TIBLE ☐ Delete TITLE ☐ Change Addition GRIECO, FRANK NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD. STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME ABER, WILLIAM L. NAME STREET ADDRESS 1750 EAST SUNRISE BLVD. STREET ADDRESS City-St-ZiP CITY - ST - ZIP FORT LAUDERDALE FL TITLE ☐ Delete TITLE Channe Addition LEVAN, JARETT S NAME NAME STREET ADDRESS 1750 EAST SUNRISE BLVD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP TIFLE ☐ Dalete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - Z'P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP 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 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.

Jarett S. Levan

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: