## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # \$55250** 1. Entity Name LOPASH INVESTMENT CORP. 01-18-2000 90128 029 \*\*\*150.00 Principal Place of Business Mailing Address 9728 W. SAMPLE RD. 9728 W. SAMPLE RD. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4004 701372 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0267600 Not Applicable Zip Country Zip Country \$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 SHIMOFF SCHANTZ: SCHATZMAN & CL FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD #1050 Suite 3920 MIAMI-FL 33131 changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE 4 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) Change Addition ☐ Delete TITLE TITLE EISENBERG, JAY NAME NAME STREET ADDRESS STREET ADDRESS 9728 W. SAMPLE RD. CITY-ST-7IP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Addition TITLE ☐ Delete ☐ Change PINCHEVSKY, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 9728 W. SAMPLE RD. CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Delete ☐ Change ■ Addition TITLE NAME SITKOFF, STEVEN STREET ADDRESS STREET ADDRESS 9728 W. SAMPLE RD. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete TITLE ☐ Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: NAME OF SIGNING OFFICER OR DIRECTOR