2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am & Secretary of State DOCUMENT # S56861 1. Entity Name CABOT & LODGE ASSOCIATES, INC. 05-02-2002 90142 031 ***150 00 Principal Place of Business Mailing Address 3600 N.E. 170TH ST. 3600 N.E. 170TH ST. Ոնոնո∾ւո SUITE 304 SLITTE 304 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 HS 2. Principal Place of Business 3. Mailing Address 3600 NE 170th St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 204 City & State City & State 4. FEI Number Applied For 65-0264084 North Miami Beach. Not Applicable Zip Country Country \$8.75 Additional 33160 5. Certificate of Status Desired Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alan Goldberg #204 GOLDBERG, ALAN Street Address (P.O. Box Number is Not Acceptable) 3600 NE 170th St. 3530 MYSTIC POINTE DRIVE #1003 MIAMI FL 33180 North Miami Beach City FL ^{zio} 33160 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ★ Change GOLDBERG, ALAN NAME NAME Goldberg Alan 3530 MYSTIC POINTE DRIVE STREET ADDRESS STREET ADDRESS 3600 NE 170th St. CITY-ST-ZIP Miami fl CITY-ST-ZIP North Miami Beach. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition 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 empowers. SICAlan Goldberg Q

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

April 17, 2002