2002 UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2002 8:00 am S70145 DOCUMENT # **Secretary of State** 1. Entity Name 03-31-2002 90049 020 ***150 00 SURREY HOLDING CORP. Principal Place of Business Mailing Address 7783 NW 44TH STREET 7783 NW 44TH STREET SUNRISE FL 33351 SUNRISE FL 33351 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 65-0280403 Not Applicable 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 Name SILVERSTEIN. HELENE Street Address (P.O. Box Number is Not Acceptable) 7783 NW 44TH ST SUNRISE FL 33351 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Addition TITLE ☐ Delete HORN, GEORGE NAME NAME 7783 NW 44TH STREET STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE COHEN, SHEILA NAME 7783 NW 44TH ST STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete _ Change Addition TITLE TITLE SILVERSTEIN, HELENE NAME 7783 NW 44TH ST STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE SLAKMAN, BARBARA NAME 7783 NW 44TH ST STREET ADDRESS STREET ADDRESS SUNRISE FL CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-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.

Daytime Phone #