2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2001 8:00 am Secretary of State **DOCUMENT # V01046** 1. Entity Name DRAKE INVESTING CORP. 03-27-2001 90036 028 ***158.75 Mailing Address Principal Place of Business PO BOX 3423 PO BOX 3423 HALLANDALE FL 33008 HALLANDALE FL 33008 733624 U\$ 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0304619 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLANDER **BLANDER, IRV** Street Address (P.O. Box Number is Not Acceptable) 16100 NE 16 AVE NORTH MIAMI BEACH FL 33162 City FL MIAMI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE TITLE IRU BLANDER NAME NAME **BLANDER, IRV** STREET ADDRESS 21340NE 23 CT. STREET ADDRESS C/O BERKELL 16100 NE 16 AVE CITY-ST-ZIP MIAMI FL. 33180 CITY-ST-7IP N. MIAMI BEACH FL ■ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ~ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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 of the corporation or changed, or on an a

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP