2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOGUMÉNT # V07415 1. Entity Name PROPERTY ONE REALTY & MANAGEMENT COMPANY, INC. 04-24-2001 90055 003 ***150.00 Principal Place of Business Mailing Address 5814 NW 24 TERR 5814 NW 24 TERR **BOCA RATON FL 33496 BOCA RATON FL 33496** 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 65-0305997 Not Applicable Zip Country 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 WHITEHILL, STEVEN Street Address (P.O. Box Number is Not Acceptable) 5814 NW 24 TERR **BOCA RATON FL 33496** City Zip Code FL 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) DATE 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. \Box 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE PTD NAME NAME WHITEHILL, STEVEN STREET ADDRESS STREET ADDRESS 6401 CONGRESS AVE., STE. 205 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME JAFFEE, CHARLES STREET ADDRESS STREET ADDRESS 1701 W HILLSBORO BLVD 303 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL. ☐ Addition TITLE ☐ Delete TITLE --- ~ VP and president to the control of NAME NAME WHITEHILL, BARBARA 5814 NW 24 TARACE BELA RATM 1 FL 33496 STREET ADDRESS STREET ADDRESS 6401 CONGRESS AVE., STE. 205 CITY-ST-ZIP CITY-ST-71P BOCA RATON FL 33487 ☐ Delete TITLE ☐ Addition TITLE Change 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 TITLE ☐ Delete TITLE ☐ Addition ☐ Change 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 of 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 require of 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 addressed with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPICER OR DIRECTOR

4/16/0/ 56/- 995-990G