2001 UNIFORM BUSINESS REPORT (UBR) Jun 07, 2001 8:00 am Secretary of State DOCUMENT # V25767 . Entity Name MICHAEL B. HOLDEN, P.A. 06-07-2001 90193 012 ***150.00 rincipal Place of Business Mailing Address 212 SE 8th Street 212 SE 8th Street Suite 103 Suite 103 Ft. Lauderdale, FL 33316 Ft. Laud., 33316 ADD7288 3. Mailing Address . Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For , 65-0323295 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 MICHAEL B. HOLDEN Street Address (P.O. Box Number is Not Acceptable) 212 SE 8th Street Suite 103 Ft.Lauderdale, FL 33316 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Ri-gistered 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, 2001 Fee will be \$550.00 Make Check Payable to Department of State Tax fitting requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change Pη NAME NAME MICHAEL B. HOLDEN STREET ADDRESS STREET ADDRESS 212 SE 8th Street, #103 CITY-ST-ZIP City-St-7iP Ft. Lauderdale, FL 33346 Change T(T) F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 刘 杨遵 CITY-ST-ZIP CITY-ST-ZIP Addition[®] TITLE ☐ Change TITLE ☐ Detete ...11 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-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 is 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 truster empower of 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 appears in Block 11 or Block 12 if the same legal effect as if made under oath; the same legal effect as if made under oath; that I am an officer or director. MICHAEL B. HOLDEN ESO 6/4/01 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment AND869

LAW OFFICES OF

MICHAEL B. HOLDEN, P.A.

212 S. E. EIGHTH STREET

SUITE 103

FORT LAUI/ERDALE, FLORIDA 33316

TELEPHONE (954) 522-0222 FAX (954) 522-5819

June 3, 2001

Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, FL 32302-1500

Re: Michael B. Holden, P.A.

Document No: V 25767

To Whom it May Concern:

Please be advised that I did not receive the 2001 Uniform Business Form in the mail. Enclosed please find a copy of the form, which I have filled out, along with a check in the amount of \$150.00.

If you have any questions please feel free to contact my office.

Sincerely

MICHAEL B. HOLDEN, ESQUIRE

MBH/bjbr

Enclosures