2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am Secretary of State DOCUMENT # V52508 1. Entity Name 02-17-2002 90023 024 ***150.00 CARDINAL APARTMENTS, INC. Principal Place of Business Mailing Address 3842 W 16 AVE 3842 W 16 AVE DILGAUUU HIALEAH FL 33012-7014 HIALEAH FL 33012-7014 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0348834 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BIRNBAUM, MARC Street Address (P.O. Box Number is Not Acceptable) 1031 IVES DAIRY RD STE 228 **MIAMI FL 33174** Zip Code City 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 (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME gluck, mauricio STREET ADDRESS 3842 W 16 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 Addition Change TITLE SD ☐ Delete TITLE NAME GLUCK, LILIA O. NAME STREET ADDRESS STREET ADDRESS 3842 W 16 AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

MAURICIO 6/UM, Pars 1/17/02 305-362 45'2
NG OFFICER OR DIRECTOR Date Dayline Prone #

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