2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2001 8:00 am **DOCUMENT # J72168 Secretary of State** 1. Entity Name MANTRA REALTY CORP. 03-14-2001 90495 033 ***150.00 Mailing Address Principal Place of Business % FRED SCHWARTZ % FRED SCHWARTZ 2715 SPANISH RIVER ROAD 2715 SPANISH RIVER ROAD **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2819687 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWARTZ, ZELMA Street Address (P.O. Box Number is Not Acceptable) 2715 SPANISH RIVER ROAD **BOCA RATON FL 33432** 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. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE PD ☐ Delete TITLE NAME SCHWARTZ, FRED NAME STREET ADDRESS STREET ADDRESS 2715 SPANISH RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHWARTZ, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 2410 HALYARD DRIVE CITY-ST-ZIP CITY-ST-ZIP MERRICK NY ☐ Addition TITLE Delete SCHWARTZ, SUSAN NAME STREET ADDRESS STREET ADDRESS 17992 FOXBOROUGH LANE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** ☐ Addition ☐ Change ☐ Delete TITLE 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-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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