2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

FILED **DOCUMENT # G82482** May 07, 2000 8:00 am **Secretary of State** T CORPORATION 05-07-2000 90014 003 ***150.00 Mailing Address Principal Place of Business 4367 N. FEDERAL HWY.. #103 4367 N. FEDERAL HWY., #103 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-5213 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2482006 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOPMILLER, GERALD Street Address (P.O. Box Number is Not Acceptable) 4367 N. FEDERAL HWY. -FT. LAUDERDALE FL 33308 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 . (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 TOPMILLER, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 4367 N. FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP FT LAU, FL 00000 ☐ Change ☐ Addition ☐ Delete TITI F TOPMILLER, GERALD NAME NAME STREET ADDRESS 4367 N. FEDERAL HWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERALE FL TITLE □ Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ 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-7IP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #