NAME

STREET ADDRESS

CITY-ST-ZIP

Aranzullo, Theresa

HALLANDALE FL 33009

300 NE 12TH AVENUE, #108

HS HS 2. Principal Place of Business 3. Mailing Address 319NE145AVC 319 NE 149 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -407 4. FEI Number Applied For 59-1446098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YECORA, RICHARD 320 NE 12TH AVENUE #204 HALLANDALE FL 33009 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) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 319NE 14 DAVE, A-106 **VD** Delete TITLE Addition HAUCK, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 301 NE 14TH AVENUE, A-308 HALLANDALE, FL 37009 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 catella Joseph 320 NE 12th Ave, A-208 Addition ☐ Change 📈 Delete TYTELL, ARLYNE STREET ADDRESS STREET ADDRESS 301 NE 14TH AVE #701 HALLANDALE, FL 33009 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Delete TITLE **Addition** TITLE SCHWARTZ, STANLEY 319NBIADAVE, A-40 NAME NAME YECORA, RICHARD STREET ADDRESS STREET ADDRESS 320 NE 12TH AVE #204 HALLANDALB, FL 33109 CITY-ST-ZIF CITY-ST-ZIP HALLANDALE FL 33009 **TSD** TITLE Addition TITLE M Delete YTELL, ALLYNE NAME NAME LUCCIONI, ADELA 301 NB 140 AVE A-701 STREET ADDRESS STREET ADDRESS 300 NE 12TH AVENUE #705 HALLANDALE, FL 33009 CITY-ST-7IE CITY~ST-7IP <u> Hallandale Fl 33009</u> Delete TITLE M Change ☐ Addition TITLE n LUCCIONI) ADELA NAME NAME NAGY, TONO 300 NB 12th AVE A-765 STREET ADDRESS STREET ADDRESS 319 NE 14TH AVENUE #307 HALLANDALE, FL CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 PGAFTMAN, LOUIS D ☐ Delete TITLE TITLE X Addition NAME

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Feb9,2000

STREET ADDRESS

HALLANDALE, FL

CITY-ST-ZIP

DSTANLEY SCHWART SIGNATURE: