2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2000 8:00 am Secretary of State DOCUMENT # F98000002773 1. Entity Name ZIPIT, INC. 04-14-2000 90131 008 ***150.00 Principal Place of Business Mailing Address 600 BRICKELL AVE 600 BRICKELL AVE 300H 300H MIAMI FL 33131 MIAMI FL 33131-2539 3. Mailing Address 2. Principal Place of Business 1/200 Brickell ave 24 P) T INC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 117 82 900 City & State Applied For 4. FEI Number 65-0826519 MIAM. Not Applicable 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 AGIM REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE SUITE 900 **MIAMI FL 33131** Zip Code City 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: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE Delete knoll. David a NAME NAME 11782 Jollyville Road Suite 105A 747 CRANDON BLVD LAKE VILLA 3 #410 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF KEY BISCAYNE FL 33149 CITY-ST-ZIP ☐ Delete Addition 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME LAMES! ADDRESS STREET ADDRESS ST-ZIP CITY - ST - ZIP i3. 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 hystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if