2000 UNIFORM BUSINESS REPORT (UBR)

Jan 13, 2000 8:00 am Secretary of State OCUMENT # H25416 01-13-2000 90018 024 ***150.00 MARK L. GAETA, P.A. Mailing Address المرانية Place of Business 5740 S.W. 7TH ST. AUUUGOTT S. FEDERAL HWY **PLANTAION FL 33317-4310** ;. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2462697 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GAETA, MARK L. Street Address (P.O. Box Number is Not Acceptable) 5740 S.W. 7TH STREET PLANTATION, 33317 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible Water Williams . I FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Added to Fees Jax filing requirement and elects to do so. (See criteria on back) -After MAY-1; 2000 Fee will be:\$550.00 Make Check Payable to Department of State - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS: 12. Change ■ Addition CR2E034 (9/99 ☐ Delete TITLE GAETA, MARK L NAME 5740 SW 7TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL Addition Change ☐ Delete TITLE TITLE GAETA, MARK L. NAMÉ NAME STREET ADDRESS 5740 S.W. 7TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL. 33317 Change Addition TITLE □ 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 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

FILED