2000 UNIFORM BUSINESS REPORT (UBR)

RE AND TYPED OR PRINTED NAME OF SI

FILED DOCUMENT # K10241 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** ROE RESEARCH, INC. 01-27-2000 90050 047 ***150.00 Principal Place of Business Mailing Address 1131 S.E. 3RD AVENUE 1131 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316-1109 FT. LAUDERDALE FL 33316-1109 DUBTADAZ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0021003 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ::6. Name and Address of Current Registered Agent Name ROE, BRUCE C Street Address (P.O. Box Number is Not Acceptable) 1131 SE THIRD AVE. FT. LAUDERDALE FL 33316 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) DATE 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. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROE, BRUCE C STREET ADDRESS STREET ADDRESS 1131 S.E. 3RD AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Delete Change TITLE TITL F NAME MINOR, CHARLES E STREET ADDRESS STREET ADDRESS 1131 SE 3RD AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME MOSES, ALICE NAME STREET ADDRESS STREET ADDRESS 1131 SE 3RD AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE NAME DEJURA, KIM NAME STREET ADDRESS STREET ADDRESS 1131 SE 3RD AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete 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 all other like empowered.