3001330

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # K13827** 1. Entity Name ONE THREE SIX FIVE H.P. CO. 04-05-2001 90046 007 ***150.00 Principal Place of Business Mailing Address 8240 SUMMERBREEZE LA. 8240 SUMMERBREEZE LA. **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip 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 PLUTCHOK, HELEN Street Address (P.O. Box Number is Not Acceptable) 8240 SUMMERBREEZE LANE **BOCA RATON FL 33496** City 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** 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 After MAY 1, 2001 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. DP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME PLUTCHOK, HELEN STREET ADDRESS 8240 SUMMERBREEZE LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition. TITI F TITLE . Delete 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-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

4/4/2001

561-451-4491

Daytime Phone #