2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # N26655 Jun 09, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTHBRIDGE WEST 06-09-2000 90042 011 ****61.25 Principal Place of Business Mailing Address 2901 SIMMS STREET C/O D.C.I HOLLYWOOD, FL. 33020 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. . Applied For City & State 4. FEI Number ~City & State ---65-0159034 Not Applicable 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 -Street Address (P.O. Box Number is Not Acceptable) 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) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Change ■ Addition ☐ Delete TITLE TITLE Retkowski, John NAME 1041 NW 107 Street STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33026 CITY-ST-7IP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE Waters, Tina NAME NAME 10735 NW 10 Street STREET ADDRESS STREET ADDRESS Pembroke Pines, FL 33026 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE X Change Addition Wright, Caron NAME STREET ADDRESS 1101 NW 107 Ave. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Pembroke Pines, FL 33026 X Change Addition TITLE ☐ Delete NAME Dowel, Tina STREET ADDRESS STREET ADDRESS 10737 NW 11 Street CITY-ST-ZIP CITY-ST-ZIP <u>Pembrokė Pines, FL 33026</u> Change Addition Delete TITLE. Saccocio, Pam NAME 10745 NW 11 Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pembroke Pines, FL 33026 CITY-ST-ZIP Addition ☐ Delete TITLE 111111 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #