2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **N96000000553** 1. Entity Name BATTLE AXE BRIGADE, INC. 02-14-2000 90048 046 ****61.25 Principal Place of Business Mailing Address 7790 S.W. 127TH STREET 7790 S.W. 127TH STREET しりせん しんけい MIAMI FL 33156 MIAMI FL 33156-6042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0498912 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HOOPER, LARRY K 29625 S.W. 177TH AVE. **HOMESTEAD FL 33030** 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 DATE 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 Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Change ☐ Addition CT ☐ Delete NAME NAME BUKER, DAVID 1 Treasurer STREET ADDRESS STREET ADDRESS 7790 S.W. 127TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMLFL 33156 TITLE Change ☐ Addition PS Delete TITLE NAME NAME BUKER, DIANE STREET ADDRESS STREET ADDRESS 7790 S.W. 127TH STREET CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33156 Delete TITLE Change Addition TITLE SMITH, PATTY NAME NAME STREET ADDRESS STREET ADDRESS 12750 S.W. 216TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33170. TITLE Change ☐ Addition TITLE □ Delete NAME NAME BALL, JERRY STREET ADDRESS STREET ADDRESS PO BOX 66 N/A CITY-ST-ZIP CITY-ST-ZIP TROUTMAN NC 28166 ☐ Change ☐ Addition TITLE BALL, JUDY NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 66 N/A CITY-ST-ZIP CITY-ST-ZIP TROUTMAN NC 28166 TITLE ☐ Addition TITLE ☐ Delete NAME NAME GODFREY, MIRIAM STREET ADDRESS

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 of 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 an address, with all other

CITY-ST-ZIP

SIGNATURE:

10516 ACACIA LANE

FAIRFAX VA 22032

STREET ADDRESS

City-St-ZIP