2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P93000011399 TOOKWORKS, INC. 02-01-2000 90052 026 ***150.00 Mailing Address Principal Place of Business 14216 S.W. 136TH ST. 14216 S.W. 136TH ST. MIAMI FL 33186-6716 MIAM! FL 33186 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 65-0576278 Not Applied Country \$8.75 Additional Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bennis Tooker TOOKER, DENNIS Street Address (P.O. Box Number is Not Acceptable) 9601 SW 142ND AVE #117 16254 SW 103 ST **MIAMI FL 33186** 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 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 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (See criteria on back) OFFICERS AND DIRECTORS 12. 11. ☐ Delete Tooker TITLE Dennis TOOKER, BRENDA SU 103 ST NAME 16254 STREET ADDRESS STREET ADDRESS 9601 SW 142ND AVE #117 33196 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL sauretam [· · · · · Change ☐ Detete TITLE TITLE TOOKER, SHURLO NAME 103 ST STREET ADDRESS 1240 SW 15TH ST STREET ADDRESS 33116 CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITI E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ · · · · · ☐ Change ☐ Delete TITLE TITLE 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.

FILED