2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **P94000088122** Jan 27, 2000 8:00 am **Secretary of State** KUVIN & STETTIN, P.A. 01-27-2000 90171 018 \*\*\*150.00 Principal Place of Business Mailing Address 7214 6.W. 62NU AVENUE 888 E LAS OLAS BLVD 710 SUITE 200 MIMMITE 33840 FT. LAUDERDALE FL 33301-2239 US 2. Principal Place of Business 3. Mailing Address BLVO 888 E LAS OLAS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 110 Applied For 4. FEI Number City & State City & State 65-0546128 Not Applicable LAUGER DAI Country \$8.75 Additional Country 5. Certificate of Status Desired П USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUVIN, LAWRENCE P Street Address (P.O. Box Number is Not Acceptable) 888 E LAS OLAS BLVD **STE 710** FT LAUDERDALE FL 33301 City Zip Code 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, 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 OFFICERS AND DIRECTORS 11. 12 Addition ☐ Delete Change TITE F STETTIN, ERIC L ESQ. NAME NAME STREET ADDRESS STREET ADDRESS 888 E. LAS OLAS BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE: