## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P95000042588 1. Entity Name DONOCUE'S, INC. 05-15-2000 90245 012 \*\*\*150.00 Principal Place of Business Mailing Address 2736 HOLLYWOOD BLVD. 1207 HOLLYWOOD BLVD. HOLLYWOOD FL 33019-1515 HOLLYWOOD FL 33019 3. Mailing Address 2. Principal Place of Business 812 EHALLENDALE BEHBLY 812 E-HALLENDALE BCH BLV. Applied For City & State 4. FEI Number City & State 65-0586280 Not Applicable HALLERY) Country \$8.75 Additional 5. Certificate of Status Desired 33009 U.3 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DONOGHUE THOMAS Street Address (P.O. Box Number is Not Acceptable) HECHT, ALAN R HOLLY WOOD 2670 N.E. 215TH STREET MIAMI FL 33180 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. \_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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Delete TITLE Change TITLE NAME DONOGHUE, THOMAS NAME STREET ADDRESS STREET ADDRESS 2736 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Addition ☐ Change ☐ Delete TITLE TITLE 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 Delete TITLE T)7) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OF DIRECTOR

4/27/0-0

95 4 - 328 Daytime Phone # 113 P.G.