## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 07, 2000 8:00 am OCUMENT # P98000024415 **Secretary of State** Entity Name 03-07-2000 90084 014 \*\*\*150.00 ਾ ਮੰਨੂਤਾ Place of Business Mailing Address 3440 HOLLYWOOD BOULEVARD HOLLYWOOD BOULEVARD SUITE 407 C0033887 HOLLYWOOD FL 33021-6927 тмоор FL 33021 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0820460 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 CR2E034 (9/99) ☐ Addition Change Delete TITI F NAME NAETER, HANS-CHRISTIAN STREET ADDRESS 3440 HOLLYWOOD BOULEVARD SUITE 407 CITY-ST-ZIP ST ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition ☐ Delete TITLE NAME AIWHOLEE STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP ST ZIF Change ☐ Addition ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIF Change ☐ Addition ☐ Defete TITLE STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP 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 eport 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 make 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.

BRIATURE:

1/DETED