2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000025730** May 23, 2000 8:00 am Secretary of State NANNIES 'N MORE SOUTH, INC. 05-23-2000 90198 039 ***150.00 Principal Place of Business Mailing Address 2700 W OAKLAND PARK BLVD. SUITE 2750D 2700 W OAKLAND PARK BLVD. SUITE 2750D FT LAUDERDALE FL 33311-1364 FT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. Applied For City & State City & State 4. FEI Number 65-0183682 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RACOW, MARILYN " 20495 SAUSALITO DRIVE **BOCA RATON FL 33498** urpose of charging its registered office or registered agent, or both, in the State of Florida 8. The above entity submits this statement SIGNATURE (NOTE. Registered Agent signature required when reinstating) 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 filling requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. RACOW, MARILYN ☐ Addition TITLE ☐ Delete TITLE RACON, MARILYN NAME STREET ADDRESS STREET ADDRESS 2700 W OAKLAND PARK BLVD STE 2750D CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE FL 33311 Change ☐ Addition TITLE Delete TITLE NAME NAME RACON, STEVEN B STREET ADDRESS STREET ADDRESS 2700 W OAKLAND PARK BLVD STE 2750D CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 ☐ Delete ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change 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 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR