2001 UNIFORM BUSINESS REPORT (UBR) Mar 06, 2001 8:00 am DOCUMENT # P98000053907 **Secretary of State** 1. Entity Name RONALD T. VALENTINE, P.A. 03-06-2001 90308 031 ***150.00 Principal Place of Business Mailing Address 320 190TH STREET 320 190TH STREET NORTH MIAMIN BEACH FL 33160 NORTH MIAMLEEACH FL 33160 2. Principal Place of Business 302 191 Street 3. Mailing Address Sweet 302 191 Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Sunny Isks Beach, FL Sunny Isks Beach, FL Applied For 4. FEI Number 65-084 1685 Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 33160 33160 Fee Required ~~ 7. Name and Address of New Registered Agent --- 6.-- Name and Address of Current Registered Agent Name VALENTINE RONALD T. VALENTINE, RONALD T Street Address (P.O. Box Number is Not Acceptable) 320 190TH_STREET NORTH-MIAMI BEACH FL 33160 Zip Code 33160 Sünny Isles Reach de enjity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. Delete TITI F VALENTINE RONALD T TITLE VALENTINE RONALD T NAME NAME 302 191 Street 320 1907H STREET STREET ADDRESS STREET ADDRESS Sunny Isles Beach IFL 33160 CITY-ST-ZIP CITY-ST-7IF NORTH MIAMI BEACH FL 33160 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change -- ☐ Addition TITLE. • Delete : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acqurate 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.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

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SIGNATURE

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RONALD TO VALENTING

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