2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000093457 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** CAVENDISH IMPORT EXPORT COMPANY INC. 01-19-2000 90242 010 ***150.00 Principal Place of Business Mailing Address 334 EAST LAKE RD.,STE.260 334 EAST LAKE RD., STE, 260 PALM HARBOR FL 34685 PALM HARBOR FL 34685-2427 T HERMAN KAN KANA TAKA BAKA ABAH ABAH ABAH ABAH ABAH AKAN BARBA AKAN BARBA AKAN TERPATAN 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3352528 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, JOHN A Street Address (P.O. Box Number is Not Acceptable) 334 EAST LAKE RD., STE. 260 PALM HARBOR FL 34685 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. 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 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, 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 11. OFFICERS AND DIRECTORS TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME HALL, JOHN A STREET ADDRESS STREET ADDRESS 336 EAST LAKE RD STE 260 CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 36685 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HALL, VANITA NAME NAME STREET ADDRESS 336 E LAKE RD STE 260 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 36685 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 13. I hereby certify that the information supplied with this filling 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.