**SIGNATURE** 

## **2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # \$91843** May 17, 2000 8:00 am Secretary of State 1. Entity Name TRUE TREASURES, INC. 05-17-2000 90902 016 \*\*\*150.00 Principal Place of Business Mailing Address 1201 N. US HWY ONE 1201 N. US HWY ONE STE.#15 STE.#15 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408-3546 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0297581 Not Applicable Country Zip 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 JOHNSON, HOWARD C Street Address (P.O. Box Number is Not Acceptable) 1201 N. US ONE STE. #15 N. PALM BEACH FL 33408 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. SIGNATURE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE JOHNSON, ELENA O'BRIEN NAME STREET ADDRESS **3 VIA SORRENTO** STREET ADDRESS CITY-ST-ZIP PALM BCH GDNS FL CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE JOHNSON, HOWARD NAME 3 VIA SORRENTO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH GDNS FL 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 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.

4.28.00