2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2000 8:00 am Secretary of State DOCUMENT # **N98000004088** 1. Entity Name W.J.N. ECONOMIC DEVELOPMENT, INC. 01-31-2000 90056 001 ****61.25 Mailing Address Principal Place of Business 2230 ALI BABA AVENUE 2230 ALI BABA AVENUE OPA-LOCKA FL 33054 OPA-LOCKA FL 33054-3164 10.400 Principal Place of Business 3. Mailing Address 30 Alibaba Avenue Suite, Apt. #, etc. _ Suite, Apt. #, etc._ DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0846216 Not American Zip Country \$8.75 Additional 5. Certificate of Status Desired SAde Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAR TENENS Street Address (P.O. Box Number is Not Acceptable) NELSON, WILLIE J REV 🕮 🕆 3770 NW 197ST CAROL CITY FL 33055 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE TITLE Bentley, Cynthia.N 2330 Alitaba. Avenue Opa-Locka. Fla-33054 HOWELL, ANNETTE NAME NAME STREET ADDRESS 2230 ALI BABA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA-LOCKA FL 33054 TD ☐ Change _____ ☐ Delete TITLE TITLE NAME **NELSON, HARRIET** NAME STREET ADDRESS STREET ADDRESS 2230 ALI BABA AVENUE CITY-ST-ZIP CITY-ST-ZIP OPA-LOCKA FL 33054 ☐ Change ☐ Delete TITLE TITLE NELSON, WILLIE J REV. NAME NAME 2230 ALI BABA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA-LOCKA FL 33054 _ · · · · · Delete TITLE Change NELSON, SOPHIA-C-NAME NAME STREET ADDRESS 2230 ALIBABA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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