2000 UNIFORM BUSINESS REPORT (UBR) RHED DOCUMENT # **P99000011118** Jul 26, 2000 8:00 am 1. Entity Name **Secretary of State** THE RETAIL ADVANTAGE, INC. 07-26-2000 90008 004 ***550.00 Principal Place of Business Mailing Address 5764 ST. ANNES WAY 5764 ST. ANNES WAY **BOCA RATON FL 33496** BOCA RATON FL 33496 2. Principal Place of Business 3. Mailing Address 5764 ST. AMMES 5764 ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 52 - 2150604 City & State Applied For MION BOUL PATON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 54رن Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAMPERT, DANIEL Street Address (P.O. Box Number is Not Acceptable) **BERGER DAVIS & SINGERMAN** 200 S. BISCAYNE BLVD., STE. 2950 MIAMI FL 33131 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. OFFICERS AND DIRECTORS Addition TITLE ☐ Delete TITLE ANDREW BAILEN 5764 ST. AMES WM NAME NAME BOCK PATION FL 33496 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

13. I hereby certify that the into nation stabiled with his 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 of staplet enal report is fue 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 receipt of trustee empoyered 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITL F

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

WATURE REQUIRED

☐ Delete

7/17/00 56/994 2860

Change

■ Addition