2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 7/6257 Apr 03, 2001 8:00 am Secretary of State 1969 LA SOCIETE DES QUARANTE HOMMES 04-03-2001 90225 044 \*\*\*\*70.00 ET HUIT CHEV Principal Place of Business Mailing Address HOUT CHEVAUX GRAND Voiture of Fl. 316 SW 25 Th STREET 1540 N 71 Ave Hollywood Pl. 33024 C0041469 3. Mailing Address 2. Principal Place of Business 1540 N Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-6151483 Not Applicable y Wood \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to-9. Election Campaign Financing \$5.00 May Be FILE NOW: **Department of State** Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE Delete TITI F MILLER FOR OF FIH Petersen, william 1561 NE 43RO St. NAME NAME STREET ADDRESS STREET ADDRESS FT Laudendal= Fl 33334 FT Laudendale Fl. 33309 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE Sam Archer 1540 N 71 Ave NAME STREET ADDRESS Hollywood P/ 33024-5-452 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE .--Delete TITLE NAME STREET ADDRESS STREET ADDRESS avie F/ 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Hollywood Fl 33024 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Delete TITLE Adams, Jim Apt B TITLE NAME NAME STREET ADDRESS Pompano Beach Fl STREET ADDRESS 33064-5073 CITY-ST-ZIP CITY-ST-7IP TITLE \_ C Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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.