

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90005 024 ***150.00

DOCUMENT # 137647

1. Entity Name

VAN ORSDEL MORTUARIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3333 N.E. 2ND AVE MIAMI FL 33137
Mailing Address: 11240 SW 88 ST MIAMI FLA 33176-1108 US

2. Principal Place of Business: 11240 S.W. 88 St.
3. Mailing Address: Suite, Apt. #, etc.
City & State: MIAMI, FL.
Zip: 33176 Country: USA

4. FEI Number: 59-0484835
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: DONALD VAN ORSDEL, 3333 N.E. 2ND AVENUE MIAMI FL 33137

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable): 11240 S.W. 88 ST., City: MIAMI FL Zip Code: 33176

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) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include names like VAN ORSDEL, DONALD and VAN ORSDEL, SUE with titles and addresses.

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...

SIGNATURE: Donald Van Orsdel (DONALD VAN ORSDEL) 4-1-00 305-271-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)