2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am DOCUMENT # 145656 **Secretary of State** EAST BAY CORPORATION 03-03-2000 90265 028 ***150.00 Mailing Address Principal Place of Business % FREDA S BRENNER ~ FREDA S BRENNER 1500 SW 131 WAY #114 1500 SW 131 WAY #114 しりりろりろんろ PINES FL 33027 PEMBROKE PINES FL 33027-2424 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0544481 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BRENNER FREDA** Street Address (P.O. Box Number is Not Acceptable) 1500 SW 131 WAY #114 PEMBROKE PINES FL 33027 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 DATE (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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition PD TITLE TITLE ☐ Delete NAME BRENNER, F.S. STREET ADDRESS STREET ADDRESS 1500 SW 131 WAY #114 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL Addition Change ☐ Delete TITLE BRENNER, GEORGIA NAME STREET ADDRESS STREET ADDRESS 11927 MOSS BRANCH RD CITY-ST-ZIP CITY-ST-ZIP HOUSTON-TX 77043 Addition ☐ Change ☐ Delete TITLE FURGANG, HELENE NAME STREET ADDRESS STREET ADDRESS 12824 SW 108 AVE CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI F</u>L Change Addition ☐ Delete TITLE. TITLE NAME ROGOFF, FRANCIA NAME

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.

STREET ADDRESS

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NAME STREET ADDRESS

TITLE NAME

SIGNATURE:

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