2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 07, 2000 8:00 am Secretary of State DOCUMENT # 209213 1. Entity Name MOBILE VILLAS, INC. 02-07-2000 90045 007 ***150.00 Principal Place of Business Mailing Address 6951 N FEDERAL HIGHWAY 6951 N FEDERAL HIGHWAY BOCA RATON FL 33487-1655 BOCA RATON FL 33487-1643 5 Ponce de Leon Bud, 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 0 City & State City & State 4. FEI Number Applied For 59-0864378 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENDER, HARRY K, ESQ Street Address (P.O. Box Number is Not Acceptable) 5915 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. SD ☐ Addition ☐ Delete TITLE TITLE de cean Blvd. # (00) BENDER, GEORGE C NAME NAME STREET ADDRESS 5915 PONCE DE LEON BLVD STREET ADDRESS **CORAL GABLES FL** CITY-ST-7IP CITY-ST-ZIP ☐ Addition VD. Change ☐ Delete TITLE BENDER, HARRY K NAME NAME 5915 PONCE DE LEON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a with all other like empowered SIGNATURE: