2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am **DOCUMENT # 325798 Secretary of State** WHILE-U-WAIT PRINTING SERVICE INC 02-05-2001 90110 046 ***150.00 Principal Place of Business Mailing Address 1230 SOUTH ANDREWS AVE 1230 SOUTH ANDREWS AVE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECK, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 1230 S ANDREWS AVE FT. LAUDERDALE FL 33316 City Zip Code 8. The above named entity subtrivis the of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUR red agent and title if applicable 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, 2001 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. TITLE ☐ Delete □ Change BECK, RICHARD A. NAME NAME STREET ADDRESS STREET ADDRESS 1230 S ANDREWS AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME BECK, JULIA L. NAME STREET ADDRESS STREET ADDRESS 1230 S ANDREWS AVE CITY-ST-7IP CITY_ST_7IP FT LAUDERDALE, FL 00000 ☐ Addition Change ☐ Delete TITLE TITLE BECK, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS 1230 S ANDREWS AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 TITLE TITI F ☐ Change ■ Addition ☐ Delete NAME BECK. GERALDINE NAME STREET ADDRESS STREET ADDRESS 1230 S ANDREWS AVENES CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING O

CITY-ST-ZIP

Julia L-Bede

1-29-01

954-524-089.

Daytime Phone #