## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # 346575 1. Entity Name J. M. PONTIAC, INC. 04-18-2000 90266 012 \*\*\*150.00 Mailing Address Principal Place of Business 111 NW 12TH AVE 2300 N. 60TH AVENUE HOLLYWOOD FL 33021-3202 DEERFIELD BEACH FL 33442-1701 Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number 59-1288289 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. 11. AS Addition TITLE Delete BRILLANT, JON A NAME 100 NW 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BCH FL 33442** CITY-ST-ZIP Delete TITLE TITLE THOMAS, GARY NAME NAME 100 NW 12TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL 33442 CITY-ST-ZIP ☐ Delete TITLE TITLE WHELAN, JOHN J. NAME STREET ADDRESS 100 NW 12TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33442 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/00 954-429-2000 Daytime Phone #