2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jul 11, 2000 8:00 am Secretary of State **DOCUMENT # 352735** 1. Entity Name EXIT IN WHITE OF DADELAND, INC. 07-11-2000 90001 017 ***150.00 Principal Place of Business Mailing Address 2700 BISCAYNE BLVD. 7363 DADELAND MALL #1690 MIAMI FL 33156 MIAMI FL 33137-4534 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-1076848 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATZ, GLADYS Street Address (P.O. Box Number is Not Acceptable) 2700 BISCAYNE BLVD **MIAMI FL 33137** Zip Code City 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, 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. (66/6) ☐ Addition ☐ Change TITLE Oelete TITLE MATZ, RUBEN NAME CR2E034 8877 COLLINS AVENUE, #310 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE MATZ.GLADYS NAME NAME 8877 COLLINS AVENUE, #310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP □ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS н. **5** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 14 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 ther like empowered changed, or on an attachment with an address 305-573-403