2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 28, 2000 8:00 am Secretary of State **DOCUMENT # 538447** 1. Entity Name JOHN CASSIDY INTERNATIONAL, INC. 03-28-2000 90089 003 ***150.00 Principal Place of Business Mailing Address 3680 N.W. 73RD ST. **4811 ROOSEVELT STREET** MIAMI FL 33147 HOLLYWOOD FL 33021-4027 US 2. Principal Place of Business 3. Mailing Address 3<u>680 N.W</u> 73rd Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1790932 Not Applicable <u>Miami.</u> Zip Country Country \$8.75 Additional 33147 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASSIDY, JOHN H Street Address (P.O. Box Number is Not Acceptable) 3680 N.W. 73RD ST. **MIAMI FL 33147** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VΡ TITLE. ☐ Delete TITLE Change ☐ Addition CASSIDY, PAUL F NAME STREET ADDRESS 11914 S.W. 9TH CT STREET ADDRESS 4717 Polk St. CITY-ST-ZIP CITY-ST-ZIF DAVIE FL 33325 <u>Hollywood, FL</u> 33414 STD TITLE ☐ Delete Addition TITLE Change COLLIER, MARTHA NAME NAME 11700 Waterbend Ct. STREET ADDRESS 2110 N.W. 117 TERR. STREET ADDRESS Wellington, FL 33414 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete ☐ Addition TITLE ☐ Change TITLE CASSIDY, JOHN H NAME NAME 4811 ROOSEVELT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 Delete TITLE TITLE ☐ Change ☐ Addition CASSIDY, JANE E NAME NAME STREET ADDRESS 1200 N.W. 91 AV STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trostee 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.

Ane CASSIde

SIGNATURE: &

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2F034 (9/99)

Daylime Phone #