2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 596066** Jan 20, 2000 8:00 am **Secretary of State** GARDRY CORP. 01-20-2000 90115 035 ***150.00 Mailing Address Principal Place of Business 2000 N. 46TH AVE. 2800 N. 46TH AVE. 448E # AARF_ HOLLYWOOD FL 99921-2999 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 2450 Hollywood Blvd 2450 Hollywood Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 706 Suite 706 Applied For City & State City & State 4. FEI Number 59-1900028 Not Applicable Hollywood F1 Holivwood-Fi Zip 33020 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33020 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISCHER, STEVEN P., C.P.A. Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH PINE ISLAND ROAD SUITE 110 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 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 11. 12. K Change ☐ Addition TITLE ☐ Delete TITLE NAME DREYER, EDGAR NAME 2450 Hollywood Blvd Suite 706 STREET ADDRESS 2808 N 46TH AVE STREET ADDRESS CITY-ST-ZIP Hollywood, FL 33020 CITY-ST-ZIP HOLLYWOOD FL-33021 ■ Addition Change ☐ Delete TITLE NAME DREYER, JOEL NAME 2450 Hollywood Blvd Suite 706 STREET ADDRESS STREET ADDRESS 2808 N 46TH AVE Hollywood, FL 33020 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 - Change - - Addition - Delete TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 address, with all other like empowered.

SIGNATURE:

SIGNATUSE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

954-920-8877

Daylime Phone #