2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the reci changed, or on an attachme

SIGNATURE:

FILED Feb 14, 2000 8:00 am DOCUMENT # **596663** 1. Entity Name **Secretary of State** HOOPER INTERNATIONAL REALTY, INC. 02-14-2000 90096 001 ***450.00 Principal Place of Business Mailing Address 4747 N OCEAN DRIVE, STE 231 4747 N OCEAN DRIVE, STE 231 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-2995 8456 3. Mailing Address 2. Principal Place of Business 202 5.W. 2 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ろしても Applied For & State 4. FEI Number City 59-1865733 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired 30 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORAITIS, GEORGE R. Street Address (P.O. Box Number is Not Acceptable) 915 MIDDLE RIVER DR., #506 FT. LAUDERDALE FL 33304 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. 12 ☐ Addition PST ☐ Delete ☐ Change TITLE HOOPER, ALAN C. NAME STREET ADDRESS STREET ADDRESS 4747 N. OCEAN DR. #217 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL00000 ☐ Delete TITLE ☐ Change ☐ Addition TITLE HOOPER, ALAN C. NAME NAME STREET ADDRESS 4747 N. OCEAN DR. #217 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL00000 ☐ Change ☐ Addition TITLE · 🗀 · Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE 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_7IP 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

vith all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TE MEALAN.C.