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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TY

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 602467** CROUCH & MINER, P.A. 04-17-2001 90170 046 ***150.00 Principal Place of Business Mailing Address 1001 N. Federal Highway. Suite #206 1001 N. FEDERAL HIGHWAY. SUITE #206 HALLANDALE FL 33009 HALLANDALE FL 33009 **LUU46333** HS 2. Principal Place of Business 3. Mailing Address OOIN. FODERA 1001 N. Feberal IGHWAY DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-1310239 FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired - ひ.≤ Fee Required 33009 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jeerrey MINER, JEFFREY R. Street Address (P.O. Box Number is Not Acceptable) 1001 N. FEDERAL HIGHWAY, SUITE #206 HALLANDALE FL 33009 Zip Code nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statem SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) · FERLY 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete ■ Addition TITLE TITLE ☐ Change NAME MINER, JEFFREY R. NAME STREET ADDRESS STREET ADDRESS 1001 N. FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL TITLE Change - - - Addition TITLE ... ☐ Delete :-- -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 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 trastee 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 the empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR