2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # 642862** 1. Entity Name WE, US & COMPANY, INC. 05-03-2001 91126 032 ***150.00 Principal Place of Business Mailing Address 5721 SETON DR **BOX 1966** MARGATE FL 33063 POMPANO BEACH FL 33062 00046314 2. Principal Place of Business 3. Mailing Address Box 1966 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE beaut ombore City & State City & State 4. FEI Number Applied For 59-1951569 Not Applicable Zip \$8.75 Additional 33061 Country 5. Certificate of Status Desired Broward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALEXANDER, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 5727 SETON DR MARGATE FL 33063 City Zip Code FL 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete Change TITLE NAME ALEXANDER MICHAEL M NAME STREET ADDRESS 5721 SETON DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 □ Addition ☐ Delete Change NAME ALEXANDER, CAROL JEAN NAME 5721 SETON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Change ☐ Addition TITLE: ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete JITLE ☐ Change 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:

24 181-5330-

Date

Daytime Phone # 1