| 2000 | UNIFORM BUSIN | IESS REPOR | T (UBR) | _ | LII | ED | | |
|---|--|--|--|----------------------------|---|-----------------------------|-----------------------------|--|
| DOCUMENT # 651484 1. Entity Name | | | | | FILED May 22, 2000 8:00 am Secretary of State | | | |
| S. & P. (| GENERAL CORP. | | | | 05-22-2000 900 | | | |
| Principal Place | e of Business | Mailing Address | | | | | | |
| P.O. BOX 5403 FT. LAUDERDALE FL 33310-5403 | | P.O. BOX 5403 FT. LAUDERDALE FL 33310-5403 | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | DO NOT WRITE IN THIS SPACE | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | |
| City & State | | City & State | | 4. FEI Numb | ^{er} 59-1958104 | | pplied For of Applicable | |
| Zip | Country | Zip | Country | 5. Certificate | of Status Desired |] \$8.75 Add Fee Require | | |
| | 6. Name and Address of Current Re | gistered Agent | | 7. Name and | Address of New Regist | | | |
| | | Name | Name | | | | | |
| 1750 | AN, ALAN B) E. SUNRISE BLVD. | | Street Address | s (P.O. Box Numb | er is Not Acceptable) | | | |
| | ID FLOOR LAUDERDALE FL 33310 | | City | | | FL Zip Cod | e | |
| 8. The above | named entity submits this statement for th | e purpose of changing its reg | gistered office or regist | ered agent, or bo | th, in the State of Florida. | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent and | title if applicable. (NOTE. Re | gistered Agent signature requi | red when reinstating) | | DATE | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | FILE NOW !!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Stat | | | ection Campaign Financir ust Fund Contribution. | | IO May Be I to Fees | |
| 11. | OFFICERS AND DIF | | 12. | ADDITIONS | CHANGES TO OFFICER | | SIN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Levan, Alan B. 1750 E. Sunrise Blvd. Third Fl. Ft. Lauderdale Fl. | Delete OOR | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTS Gilbert, glen R. 1750 E. Sunrise Blvd. Third Fl Ft. Lauderdale Fl | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition C | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 🗌 Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | UW | 🗌 Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |
| 13. I hereby of indicated of the cor | Certify that the information supplied with the on this report or supplemental report is tru poration or the receiver or trustee empower or on an attachment with an address, with | ue and accurate and that my ered to execute this report as n all other like empowered. | signature shall have in | ie same legal erre | ct as if made under oath; es; and that my name app | mar i am an osicei | orairector | |
| SIGNAT | | Executiv | ve Vice President | 4/2 | 5/2000 Date | Daytime Phone # | <u> </u> | |
| 1 | //// | | | | | | 1 | |