2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 736128 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name COOPER CITY CHAPTER #2568 OF AMERICAN ASSOCIATIO 04-27-2000 90080 040 ****61.25 Mailing Address Principal Place of Business 5155 S.W. 90 AVENUE 5155 S.W.: 90 AVENUE COOPER CITY FL 33328-3647 COOPER CITY FL 33328 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 95-3026116 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MADSON, VIRGINÍA I. 11277 SW 58 PL COOPER CITY FL 33330 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition PD ☐ Delete TITLE TITLE NAME NAME WILSON, GLADYS STREET ADDRESS STREET ADDRESS 5155 SW 90TH AVE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete TITLE ☐ Change Addition VΡ TITLE NAME PEMENTA, IDA NAME STREET ADDRESS STREET ADDRESS 11167 LONGBOAT DR CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33328 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MADSON, VIRGINIA I. STREET ADDRESS STREET ADDRESS 11750 SW 58 PL CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL NAME \sqrt{D} Change **Addition** BARTOLOMEO EZISA Delete 1281 N.W. 188 AVE MOORE, REVA STREET ADDRESS PEMBROKE PINES, FL. 33029 STREET ADDRESS 10278 SW 56TH STREET CITY-ST-7IP CITY-ST-ZIP COOPER CITY FL 33328 ☐ Change ☐ Addition ☐ Delete TITLE BARTOLOMEO EL NAME 1981- N.W. 128 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete . TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: USIGNATURE OF PRINTED AND OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR VICTOR AND TOPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR VICTOR AND TOPES OF DIRECTOR VICTOR VICTOR AND TOPES OF DIRECTOR VICTOR VICTO

changed, or on an attachment with an address, with all other like empowered