2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # F 46637 Secretary of State Colford Enter Prises, inc. 05-02-2001 90196 044 ***150.00 Mailing Address Principal Place of Business 835 N.E. Third Aug 835 NEThird Ave Ct. LAuderdale, fl ft. LAudendale, fl 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2129557 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Colford, PATRICIA.A. 7761 NW 10th Street Street Address (P.O. Box Number is Not Acceptable) PIANTATION, FL 33322 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2001. Fee. will be \$550.00 Tax filing requirement and elects to do so. ---Added to Fees Trust Fund Contribution: Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Colford PATRICIA A. 17761 NW 1072 Street ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS Plantation, FL 33322 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE VBRASWELL, SCOHA. NAME NAME 7341 NW 155+ STREET ADDRESS STREET ADDRESS Pinntation, fl 33313 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE BRASWELL, GERTRULE I NAME NAME STREET ADDRESS STREET ADDRESS Plantation, FL 33313 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change HAYEK JAMES A. DI 1761 N.W 100 Street TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Plantation, FL 33322 CITY-ST-ZIP CITY-ST-ZIP Perkins, Merle R. 7761 NW 10 Street Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS PIAntAtion, FL 33322 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

President

4/18/01 954-463-054

FILED

Daytime Phone #