2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: KIMMED DIDENT BEGINNE OF SIGNING OFFICER OR DIRECTOR

| DOCUMENT # F57891 1. Entity Name KENNETH DIDONATO, INC. | | | | | | | FILED Jan 25, 2000 8:00 am Secretary of State 01-25-2000 90060 048 ***150.00 | | | | |
|--|---|-----------------------------------|---|-----------------------|-------------------------------------|----------------------------|--|--|----------------------------|---------------------------------|--|
| Principal Place | e of Business | | Mailing Address | | | | 01 | -23-2000 90 | 000 048 | 130.00 | |
| 2630 HOLLYWOOD BLVD. SUITE 103 HOLLYWOOD FL 33020 | | | 2630 HOLLYWOOD BLVD. SUITE 103 HOLLYWOOD FL 33020-4828 | | | | (!KB | Berte radine succió 1840 | 11 41 61211 2 18 | | 1 4 1 8 32 (81 1 |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | | City & State | | | 4. F6 | I Number | 59-214816 | 7 | No | plied For t Applicable |
| Zip | | country | Zip | Coun | try | 5. C | ertificate of | Status Desired | Ū | \$8.75 Add | |
| | 6. Name and | I Address of Current Re | gistered Agent | | | 7. Na | me and A | dress of New F | Registered | Agent | |
| 4305 HOLI | NATO, KENNE VAN BUREN S LYWOOD FL 33 | STREET 8021 | ne purpose of changing its | s register | City | | _ | s Not Acceptable . in the State of Fle | FL | Zip Code | 3 |
| SIGNATURE . | Signature, typed or prii | nted name of registered agent and | title if applicable. (NOT | E: Registere | d Agent signature req | quired when rein | stating) | | DATE | | |
| 9. 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 Si | | | I . | | on Campaign Fil Fund Contributio | | | O May Be to Fees |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DIDONATO, K 4305 VAN BU HOLLYWOOD | iren street | ☐ Delete | CITY | ET ADDRESS -ST-ZIP | ADD | DITIONS/CH | HANGES TO OF | FICERS AN | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | - <u>-</u> | ☐ Delete | | | . | | 1 | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | · | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | 1 | | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | l l | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | | ☐ Change | Addition |
| indicated | on this report or | supplemental report is tri | is filing does not qualify fo ue and accurate and that ered to execute this report h all other like empowered ONATO | my signa Las requi | ture shall have t red by Chapter | the same le 607, Florid | egal effect a a Statutes; | is it made under | oath; that i le appears | am an officer in Block 11 or | or director Block 12 if |

1/17/20-00 (954) 923 - 2555 Daysone Phone #