2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F59086 Apr 11, 2000 8:00 am Secretary of State RICHARD S. COTLER, INC. 04-11-2000 90211 013 ***150.00 Principal Place of Business Mailing Address 3230 STIRLING RD. 3230 STIRLING RD. HOLLYWOOD FL 33021-2041 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2143801 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COTLER, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 3230 STIRLING RD. HOLLYWOOD FL 33021 City Zip Code its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named SIGNATURE 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, 2000 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition DΡ ☐ Delete TITLE NAME COTLER, RICHARD S NAME STREET ADDRESS STREET ADDRESS 3580 NORTH 31 AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change ☐ Addition Delete TITLE TITLE LEONS, RICK NAME NAME STREET ADDRESS 3230 STIRLING RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of powered 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. 13. I hereby certify that the inform

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR