2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F64470 Aug 10, 2000 8:00 am Secretary of State 1. Entity Name C.G. KAGAN, INC. 08-10-2000 90002 007 ***150.00 Mailing Address Principal Place of Business 1201 S. OCEAN DRIVE #1905 N.T. 1201 S. OCEAN DRIVE #1905 N.T. HOLLYWOOD FL 33019 1905 N.T. HOLLYWOOD FL 33019 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2187550 Not Applicable Zip Country Zip 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 KAGAN, CHARLES G Street Address (P.O. Box Number is Not Acceptable) 1201 S OCEAN DR #1905 H.T. HOLLYWOOD FL 33019 Zip Code City FL 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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. ☐ Addition Change ☐ Delete TITLE TITLE KAGAN, CHARLES G. NAME NAME 1201 S. OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP Change Addition TITLE Delete DITE KAGAN, CHARLES G. NAME NAME 1201 S. OCÉAN DRIVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITL F TITI F NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY, ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STATEST ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not quality 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

CITY-ST-ZIP

SIGNATURE

Bolles & Jacobs Tax Service, Inc. Dumbles & Jacobs

Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Gentlemen:

As per my telephone conversation with the Florida Department of State on July 29, 2000, my client, C. G. Kagan, Inc., never received their original Form 2000.

Enclosed please find the second request form along with a check for \$150.00

.Thank you for your cooperation:

Very truly yours,

Stanley L. Jacobs, CPA

SLJ:fmd Enclosures