2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **F90895** Jan 13, 2000 8:00 am **Secretary of State** RADICE CORPORATE CENTER, INC. 01-13-2000 90014 011 ***150.00 Mailing Address Principal Place of Business C/O CHARLES RADICE, VICE PRESIDENT C/O CHARLES RADICE. VICE PRESIDENT 21 GATEHOUSE ROAD, SEA RANCH LAKES 21 GATEHOUSE ROAD. SEA RANCH LAKES FORT LAUDERDALE FL 33308-2943 FORT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2218703 Not Applicable Country \$8.75 Additional Zip 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 MOSKOWITZ-MICHAEL W ESQUIRE --Street Address (P.O.: Box Number is Not Acceptable) SIMON, MOSKOWITZ & MANDELL, P.A. 800 CORPORATE DRIVE, SUITE 510 FORT LAUDERDALE FL 33334 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition ☐ Delete TITLE RADICE, ROBERT NAME STREET ADDRESS STREET ADDRESS 3250 N.E. 56TH COURT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Addition TITLE Change ☐ Delete TITLE NAME RADICE, CHARLES NAME 21 GATEHOUSE ROAD, SEA RANCH LAKES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Addition ☐ Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS , CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 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.