2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like en

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: _

FILED Mar 24, 2000 8:00 am Secretary of State DOCUMENT # F9400006160 1. Entity Name TREVOR SORBIE OF AMERICA, INC. 03-24-2000 90068 041 ***150.00 Principal Place of Business Mailing Address 1850 W MCNAB RD 1601 SW 5TH CT POMPANO BCH FL 33069 FT LAUDERDALE FL 33309-1012 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 25-1735307 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. P ... Change ☐ Addition ☐ Delete TITLE TITLE KOTCH, GERALD NAME NAME STREET ADDRESS 1850 W MCNAB RD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-7(P ☐ Change ☐ Addition ☐ Delete TITLE TITLE FEROLA, FRANK F NAME NAME STREET ADDRESS STREET ADDRESS 1850 W MCNAB RD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 Change ☐ Addition TITLE □ Delete FEROLA, PETER NAME STREET ADDRESS STREET ADDRESS 1850 W MCNAB RD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 □ Change Addition ☐ Delete TITLE TITLE FEROLA, FRANC NAME STREET ADDRESS 1850 W MCNAB RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 Change Addition ☐ Delete TITLE TITLE NAME SPIEGEL, DAVID A NAME 1850 W MCNAB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and that