2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # F97459** 1. Entity Name TEN TALENTS, INC. 02-01-2000 90088 049 ***150.00 Principal Place of Business Mailing Address 10940 SW 135 COURT CIR 10940 SW 135 COURT CIR MIAMI FL 33186-3341 MIAMI FL 33186 CABTOCAL US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2248393 Not April Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PECKNOLD, VIRGINIA Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYN BLVD STE 2500 MIAMI FL 33131 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 Signature, typed or 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 De" After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSD TITLE Change Addition TITLE ☐ Delete PECKNOLD, SARITA NAME NAME STREET ADDRESS STREET ADDRESS 10940 SW 135 COURT CIR CITY-ST-7IP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition PTD ☐ Delete TITLE TITLE PECKNOLD, GERALD A NAME 10940 SW 135 COURT CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami FL ☐ Change Addition _ Delete TITLE_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information upplied with this indicated on this report or suppler of the corporation or the receiver pental report is true or trustee empower