2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # G18432** 1, Entity Name ALI AN FREDERICK BYE CORPORATION 01-24-2000 90034 032 ***158.75 Principal Place of Business Mailing Address 3116 N. FEDERAL HIGHWAY 3116 N. FEDERAL HIGHWAY STE. 369 STE. 369 LIGHTHOUSE POINT FL 33064-6738 LIGHTHOUSE POINT FL 33064 US 3. Mailing Address Principal Place of Business J. Federal Hun DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-2252665 Not Applicable 5. Certificate of Status Desired Fee Required . Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREDERICH Allan BYE. ALLAN FREDERIC 369 3116 N. FEDERAL HWY #369 LIGHTHOUSE POINT FL 33064 City LIGHT HOUSE ^{Zip} 33064 00 IN7 fice or registered agent or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its pegislered, 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 (See criteria on back) 风 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS (00/6/ হচ Addition Change Delete TITLE TITLE BYE , ALLAN FREDERICH BYE, ALLAN FREDERICK NAME NAME 2436 N. FEDERAL HWY # 369 STREET ADDRESS STREET ADDRESS 3116 N. FEDERAL HIGHWAY #369 LIGHTHAUSE POINT, FL CITY-ST-ZIP 33064 CITY-ST-7IP LIGHTHOUSE POINT FL □ Change Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .TITLE---☐ Delete 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of the

of the corporation or the rece changed, or on an attachmer

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR