2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **H03959** Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** PHILBO ASSOCIATES, INC. 01-27-2000 90080 030 ***150.00 Mailing Address Principal Place of Business 11771 NW 26TH CT 11771 NW 26TH CT CORAL SPRINGS FL 33065-3361 CORAL SPRINGS FL 33065 いひひてひなやす 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59-24.13278 ... Applied For City & State City & State_ 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 WEINER, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 11771 NW 26TH CT CORAL SPRINGS FL 33065 Zip Code City 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 Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Change . Addition TITLE TITLE ☐ Delete -WEINER, ROBERT A. NAME NAME STREET ADDRESS STREET ADDRESS 11771 NW 26TH CT CITY-ST-ZIP CITY-ST-7IP **CORAL SPRINGS FL** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME WEINER, PHYLLIS NAME STREET ADDRESS STREET ADDRESS 11771 NW 26TH CT CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Addition TITLE Change EVP ☐ Delete PERLMAN, LISA NAME NAME STREET ADDRESS 9414 PEABODY CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Addition Change TITLE CFO ☐ Detete TITLE WEINER, HOWARD NAME NAME STREET ADDRESS STREET ADDRESS 5359 NW 119TH TERR CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33496** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change -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 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.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

Date

Date