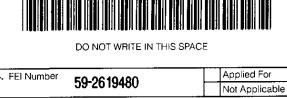
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **H52877** PHELPS TREE COMPANY Principal Place of Business Mailing Address 9935 SW 54TH ST. 9935 SW 54TH ST. MIAMI FL 33165-7115 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2619480 Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHELPS, PAUL Street Address (P.O. Box Number is Not Acceptable) 9935 SW 54TH ST. **MIAMI FL 33165** 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) FILÉ NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State

FILED Feb 17, 2000 8:00 am Secretary of State

02-17-2000 90077 029 ***150.00



\$8.75 Additional

Zip Code

E034 (9/99

Fee Required

10. Election Campaign Financing \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition PD ☐ Delete TITLE TITLE PHELPS, PAUL M. NAME STREET ADDRESS STREET ADDRESS 9935 SW 54TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CHTY-ST-ZIP-Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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.