2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H92246 Apr 27, 2000 8:00 am Secretary of State STEV-MAR, INC. 04-27-2000 90041 045 ***150.00 Principal Place of Business Mailing Address % STEVE MURPHY % STEVE MURPHY 5191 OVERSEAS HWY. 5191 OVERSEAS HWY. MARATHON FL 33050 MARATHON FL 33050-2620 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2637179 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLD, ALAN Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE B 7000 SW 62ND AVE S MIAMI FL 33143 Zip Code 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) DATE 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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE MURPHY, STEVE NAME NAME STREET ADDRESS 5191 OVERSEAS HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME LOGAN, MARLENE F. NAME STREET ADDRESS 5191 OVERSEAS HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Addition ☐ Delete -TITLE _ 🔲 Change TITLE 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

305-743-2740

Daytime Ph