2000 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name	MENT # J75475 ON DEVELOPMENTS, INC.					Apr 27, 2 Secreta	LED 2000 8:00 ry of Sta	te	
Principal Place of Business 2601 E OAKLAND PK BLVD SUITE 204 FORT LAUDERDALE FL 33306-8613 US		Mailing Address 2601 E OAKLAND PK BLVD SUITE 204 FORT LAUDERDALE FL 33304-4421 US						ış birli (üğ)	
	ace of Business 15TH AVE. #, etc.	3. Mailing Address 918 NE 15TH AVE. Suite, Apt. #, etc. UNIT 1				DO NOT WRITE IN THIS SPACE			
	AUDERDALE, FL	FORT LAUDERDALE, FL			4.	. FEI Number 65-0003402	 	plied For t Applicable	
33304	Country USA	3 3 304	GS7	ζ _λ		Certificate of Status Desired	S8.75 Add Fee Required		
	6. Name and Address of Current					7. Name and Address of New Registered Agent			
DEINHARDT, JOHN B. 2601 E OAKLAND PK BLVD SUITE 204 FORT LAUDERDALE FL 33306-8613			•	Street A	NHARDT, JOHN B. Idress (PO. Box Number is Not Acceptable) NE 15th AVE., UNIT 1				
8. The above named entity submitted is statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE SIGNATURE City FORT LAUDERDALE FL 3i3 364 3i3 364 SIGNATURE JOHN B. DEINHARDT 4/19/2000									
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filling requirement and elects to do so. Make Check Payable to Department of State									
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND CPDT DEINHARDT, JOHN B. 2601 E OAKLAND PK S204 FORT LAUDERDALE FL	DIRECTORS Delete			CPDTV	ADDITIONS/CHANGES TO OFFICE VS HARDT, JOHN B. NE 15th AVE., U LAUDERDALE, FL	🔀 Change	S IN 11 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DEINHARDT, ELIZABETH C. 2601 E OAKLAND PK BLVD., SU FT. LAUDERDALE FL	[X Delete	TITLE NAMI STRE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		,			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS - ST - ZIP			☐ Change	Addition	
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 AND TYPE BOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 462-7774

4/19/2000