## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State **DOCUMENT # J96568** 1. Entity Name THREE B'S INC. 05-18-2000 90311 005 \*\*\*150.00 Principal Place of Business Mailing Address 2500 EAST HALLANDALE BEACH BOULEVARD 2500 EAST HALLANDALE BEACH BOULEVARD SUITE 705 SUITE 705 HALLANDALE FL 33009 HALLANDALE FL 33009-4840 US 2. Principal Place of Business 3. Mailing Address 255 E DANIA BEACH BLUT 255 E DANIA BEACH BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #<u>J30</u> #230 City & State Applied For City & State 4. FEI Number 65-0071555 DANIA Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired BROWATU 330*04* Fee Required <del>᠘᠙ᢙᢙᡒ</del>᠔ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BONA, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 2500 E. HALLANDALE BEACH BLVD. **STE 705** BEACH HALLANDALE FL 33009 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Addition TITLE ☐ Delete **BONA, FRANK** NAME NAME 255 E. DANIA BEACH BLUD STREET ADDRESS 2500 EAST HALLANDALE BEACH BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL Change Addition TITLE Delete TITLE BONA, JOHN R. NAME NAME 255 E. DANIA BEACH BLUD #230 STREET ADDRESS 2500 EAST HALLANDALE BEACH BOULEVARD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HALLANDALE FL ☐ Addition Change TITLE TITLE ☐ Delete 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 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete 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 key movement.

SIGNATURE:

SIGNATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HEANH

BONA

4/37/2000

954-927-7**8**89.

Daytime Phone #