2000 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2000 8:00 am Secretary of State **DOCUMENT # K08172** 1. Entity Name BEST SAND, INC. 05-04-2000 90145 043 \*\*\*150.00 Principal Place of Business Mailing Address 6342 NW 66TH WAY 2000 GLADES RD STE 206 **BOCA RATON FL 33431** PARKLAND FL 33067-1314 2. Principal Place of Business 3. Mailing Address 6340N.W.66WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State PARK land City & State 4. FEI Number 65-0056063 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 306 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FINA, EMMETT tdress (P.O. Box Number is Not Acceptable)
3 6 2 1 + UR+IE RUN BLVd 6853 N.W. 1 STREET MARGATE FL 33063 purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statemen (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back)  $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PTS TITLE ☐ Change ☐ Delete TITLE INA Emmett 3621 tuRtle Run Blud #1021 FINA, EMMETT NAME NAME STREET ADDRESS STREET ADDRESS 5853 N.W. 1 STREET CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- Change - Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITI F 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.