2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2000 8:00 am DOCUMENT # **K18080 Secretary of State** HOUSE & ASSOCIATES, INC. 03-29-2000 90074 031 ***150.00 Principal Place of Business Mailing Address P.O. BOX 39781 4492 NW 18TH TERR FT. LAUDERDALE FL 33339-9781 OAKLAND PARK FL 33309 2. Principal Place of Business 3. Mailing Address 14201 SW 20th 42015W 20tH STREET STRAB DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0104944 Not Applicable AVIIZ Country **\$8.75** Additional 5. Certificate of Status Desired 3*3325-*54 Fee Required 33325-544 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOUSE, FREDRICK A. Street Address (P.O. Box Number is Not Acceptable 1420/5W 20CH 5TA 2173 N.E. 27TH DR. WILTON MANORS FL 33306 submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. The above named e SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE HOUSE, FREDRICK A. NAME NAME 14201 SW 20th STREET STREET ADDRESS STREET ADDRESS 2173 N.E. 27TH DR. DAVIB, FL. 33325-5424 CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL Addition TITLE ☐ Delete TITLE NAME HOUSE, FREDRICK A. NAME 14201 SW 20TH STREET STREET ADDRESS STREET ADDRESS 2173 N.E. 27TH DR. CITY-ST-ZIP DAVIE, -FL. 33325-5424 CITY-ST-ZIP-WILTON MANORS FL ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 SIGNATURE: Daytime Phone