

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L-18003**

1. Entity Name

Treasure and Exhibits International, Inc.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90961 037 \*\*\*150.00

**A9061135**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
2201 Corporate Blvd. NW  
Suite 107  
Boca Raton, FL 33431

Mailing Address  
2300 Glades Rd.  
Suite 450-W  
Boca Raton, FL  
33431

2. Principal Place of Business  
2300 Glades Road  
Suite, Apt. #, etc.  
450-W  
City & State  
Boca Raton, FL  
Zip  
33431

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
City & State  
Zip  
Country

4. FEI Number  
592483405  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Eugene Michael Kennedy  
517 SW 1 Ave.  
Ft. Lauderdale, FL 33301

7. Name and Address of New Registered Agent  
Name  
Larry Schwartz  
Street Address (P.O. Box Number is Not Acceptable)  
2300 Glades Road  
Suite 450-W  
City  
Boca Raton FL Zip Code  
33431

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:  Larry Schwartz  
Signature: typed or printed name of registered agent and agent applicable (NOTE: Registered Agent signature required when reinstating) DATE

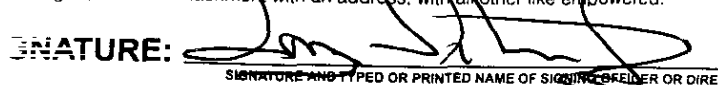
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	P Larry Schwartz 2300 Glades Rd. Suite 450-W Boca Raton, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  561-750-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #