2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # L57400** Mar 04, 2000 8:00 am 1. Entity Name Secretary of State STEVE GREEN MANAGEMENT, INC. 03-04-2000 90115 032 ***150.00 Mailing Address Principal Place of Business 9850 SANDALFOOT BLVD 10232 AVENIDA DEL RIO SUITE 458 SHITE 458 **DELRAY BEACH FL 33446** BOCA RATON FL 33428-6645 Λυσωσινν 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0184409 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISCHER, STEVEN P. Street Address (P.O. Box Number is Not Acceptable) **BARNETT BANK CENTER #110** 300 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. STD ☐ Change Addition ☐ Delete TITLE TITLE GREEN, JANICE NAME NAME STREET ADDRESS 10232 AVENIDA DEL RIO STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE GREEN, STEVEN A. NAME 10232 AVENIDA DEL RIO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ 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 TITLE Change Addition ☐ Delete 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 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 in changed, or on an attachment with an address, with all one like empowered.

Janice Green