2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2000 08:00 AM DOCUMENT # L62901 1. Entity Name **Secretary of State** C.R. CURRERI ASSOCIATES, INC. Principal Place of Business Mailing Address 1060 SE 111TH WAY 1060 SE 111TH WAY DAVIE FL DAVIE FL 33324 33324 2. Principal Place of Business 3. Mailing Address 1060 SW 111TH WAY 1060 SW 111TH WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For DAVIE FL DAVIE FL 65-0186228 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 33324 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITTELBERG, BARRY S. CHRRERI CHARLES 7300 W. MCNAB ROAD, SUITE 215 Street Address (P.O. Box Number is Not Acceptable) 1060 SW 111TH WAY TAMARAC \mathbf{FL} 33321 City 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. 04/22/2000 CHARLES R. CURRERI (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete X Change ☐ Addition CURRERI MARIE NAME CURRERI MARIE STREET ADDRESS 1060 SW 111TH WAY STREET ADDRESS 1060 SW 111TH WAY CITY-ST-ZIP DAVIE \mathbf{FL} CITY-ST-ZIP DAVIE 33324 TITLE ☐ Delete ST TITLE X Change ☐ Addition NAME CHERERI MICHELE M. NAME MICHELE M. MUELLER STREET ADDRESS 1060 SW 111TH WAY STREET ACCRESS 1060 SW 111TH WAY CITY-ST-ZIF DAVIE FI. CITY-ST-7IP DAVIE FT. 33324 TITLE ☐ Deiete TILE X Change ☐ Addition NAME CURRERI, CHARLES R. CURRERI, CHARLES R. NAME STREET ADDRESS 1060 SW 111TH WAY 1060 SW 111TH WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE 33324 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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 if changed, or on an attachment with an address, with all other like empowered.