## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # L76021** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name RICH AND FAMUS, INC. 04-11-2000 90016 037 \*\*\*150.00 Principal Place of Business Mailing Address 2200 N FEDERAL HWY 2200 N FEDERAL HWY POMPANO BCH FL 33062-1006 POMPANO BCH FL 33062 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0204077 Not Applicable Country Zip \$8,75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZETTLE, EDWARD K. Street Address (P.O. Box Number is Not Acceptable) 1731 NE 24TH AVE POMPANO BCH FL 33064 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 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 ☐ Delete TITLE TITLE NAME NAME ZETTLE, EDWARD K. STREET ADDRESS STREET ADDRESS 1731 NW 24TH AVE CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH\_FL 33064 Change ☐ Addition ☐ Delete TITLE 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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

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.

SIGNATURE:

Edward K. Zenle

SIGNING OFFICER OF DIFFECTOR

HS. 4/8/200

4/8/2000 954-783-1934

Daytime Phone #