2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008852

1. Entity Name
COSTBASE HOLDINGS, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 31 PM 1:25

Principal Place of Business	Mailing Address
7107 NORTH WHITTIER STREET TAMPA FL 33617	7107 NORTH WHITTIER STREET TAMPA FL 33617

2. Principal Place of Business		3. Mailing Address	
1612 W. WATERS AVE.		1612 W. WATERS AVE. ~~7107 NORTH WHITTIER ST~~	
Suite, ~~Apt. #,~~ etc. 103		Suite, Apt. #, etc. 103	
City & State: TAMPA, FLORIDA		City & State: TAMPA, FLORIDA	
Zip: 33604	Country: USA	Zip: 33604	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-361-3984 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGMR	PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEPHEN BANJOKO	NAME	100003351191--5
STREET ADDRESS	2112 WEST TWO LAKES RD, APT P5	STREET ADDRESS	-08/09/00--01086--009
CITY-ST-ZIP	TAMPA, FL 33604, USA	CITY-ST-ZIP	*****55.00 *****55.00
TITLE MGMR	TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CASEY WANGBOJE	NAME	
STREET ADDRESS	7107 NORTH WHITTIER STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLORIDA, 33617 USA	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (5/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] CEO [STEPHEN BANJOKO] July 6th Y2K 813.936.9626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #