2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M11773** Feb 20, 2000 8:00 am **Secretary of State** PARADIES - FT. LAUDERDALE, INC. 02-20-2000 90007 011 ***158.75 Principal Place of Business Mailing Address 5950 FULTON INDUSTRIAL BLV SW FORT LAUDERDALE INTERNATIONAL AIRPORT 100 TERMINAL DRIVE ROOM 1020 P O BOX 43485 FORT LAUDERDALE FL 33315 ATLANTA GA 30336-0485 ODDIOOO 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2468758 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** Zip Code City FL 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 Port Control OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete NAME NAME RUFFIN, JOHN STREET ADDRESS STREET ADDRESS 2330 UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL ☐ Addition Change TITLE ☐ Defete TITLE NAME DICKSON, RICHARD NAME STREET ADDRESS STREET ADDRESS 5950 FULTON IND BLVD CITY-ST-7IP CITY-ST-ZIP ATLANTA GA Addition Delete TITLE Change TITLE NAME BUNTROCK, ELIZABETH NAME STREET ADORESS 521 EAST LAS OLAS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change **VSD** ☐ Delete TITLE TITLE PARADIES, JIM NAME NAME STREET ADDRESS STREET ADDRESS 5950 FULTON INDUSTRIAL CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA Change Addition ☐ Delete VD. TITLE DICKSON, RICHARD NAME STREET ADDRESS STREET ADDRESS 5950 FULTON INDUSTRIAL CITY-ST-ZIP CITY-ST-ZIP atlanta ga □ Change ☐ Addition ☐ Delete TITLE TITLE NAME **BOTTINO, LOU** NAME STREET ADDRESS STREET ADDRESS 5950 FULTON IND BLVD CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 13. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #