FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

YR 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 2000 8:00 am
Secretary of State
03-29-2000 90018 037 ***150.00

DOCUMENT # M58426

1. Corporation Name
Friedland Associates Inc.

[redacted]

Principal Place of Business
C/o Friedland
6869 Queen Ferry Circle
Boca Raton. Fl. 33496

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
9/1/87

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number
59-2839386

Applied For / Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Alan Friedland
6869 Queen Ferry Circle
Boca Raton. Fla. 33496

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City

35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the address of the registered agent, in the State of Florida, hereby is changed. Such change was authorized by the registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

CHECK #4275 ATTACHED.

SIGNATURE

Signature required if printed name of registered agent and title if applicable (NOTE: Registered agent must sign)

12 OFFICERS AND DIRECTORS		13.	AND DIRECTORS IN 12
TITLE	0 ☐ DELETE		☐ Change ☐ Addition
NAME	Alan Friedland		
STREET ADDRESS	6869 Queen Ferry Circle		
CITY-ST-ZIP	Boca Raton, Fl. 33496		
TITLE	☐ DELETE	21	☐ Change ☐ Addition
NAME		22	
STREET ADDRESS		23	
CITY-ST-ZIP		24	
TITLE	☐ DELETE	31	☐ Change ☐ Addition
NAME		32	
STREET ADDRESS		33	
CITY-ST-ZIP		34	
TITLE	☐ DELETE	41	☐ Change ☐ Addition
NAME		42	
STREET ADDRESS		43	
CITY-ST-ZIP		44	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Alan Friedland 3/20/00