2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

NATURE AND

YPED OR PRINTED NAME

FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # M58428** SHARI K. BECKER, INC. 03-15-2000 90118 037 ***150.00 Mailing Address Principal Place of Business C/O JOANNE T. BECKER C/O JOANNE T. BECKER 1500 S.W. 4 ST. 1500 S.W. 4 ST. A0030014 FT. LAUDERDALE-FL 33312 FT. LAUDERDALE FL 33312-7534 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0003722 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECKER, JOANNE T. Street Address (P.O. Box Number is Not Acceptable) 1500 S.W. 4 ST. FT. LAUDERDALE FL 33312 Zip Code 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 (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. ☐ Addition ☐ Delete TITLE TITLE BECKER, SHARI K. NAME NAME STREET ADDRESS STREET ADDRESS 1741 S.W. 4 ST. CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE BECKER, JOANNE T. NAME NAME STREET ADDRESS STREET ADDRESS 1500 S.W. 4 ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.