2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M83524 May 03, 2000 8:00 am Secretary of State 1. Entity Name DAN HARRIS ENTERPRISES, INC. 05-03-2000 90062 009 ***150.00 Mailing Address Principal Place of Business 2773 N.W. 26TH ST. 2773 N.W. 26TH ST. OAKLAND PARK FL 33311 OAKLAND PARK FL 33311-2009 U U U U U V 14 V 2. Principal Place of Business 3. Mailing Address SAME 773 NW 24ST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. FT. LAUDERDALE FL City & State City & State 4. FEI Number Applied For 65-0056912 BROWARI Not Applicable 33311 Country \$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 TUPLER, ESQ., DAVID S. Street Address (P.O. Box Number is Not Acceptable) 6950 CYPRESS ROAD SUITE 101 PLANTATION FL 33317 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE HARRIS, DAN NAME 2002 CONGRESSIONAL WAY 2773 NW ZW ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL. FT. LAUDERDALE F CITY-ST-ZIP VICE PRESIDENT Change ☐ Addition TITLE TITLE HARRIS, LORI NAME NAME STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 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 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

DAN LIABLIS

4-21-00

9547330030