## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 28, 2003 8:00 am Secretary of State DOCUMENT # N0200006060 1. Entity Name 04-28-2003 91345 019 \*\*\*\*61.25 SAVE OUR WORLD, INC. Principal Place of Business Mailing Address 150 BRADLEY PLACE #712 150 BRADLEY PLACE #712 PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELKIND, LYNNEA Street Address (P.O. Box Number is Not Acceptable) 150 BRADLEY PLACE #712 PALM BEACH FL 33480 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. 洲。积约 SIGNATUTE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE Change Addition TITLE NAME ELKIND, LYNNEA NAME STREET ADDRESS STREET ADDRESS 150 BRADLEY PLACE #712 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ELKIND, KENT Spelling ERROR Change ☐ Addition TITLE Delete TITLE ELKIND, KENNETH 150 BRADLAY PLACE #712 NAME NAME 150 BRADLEY PLACE #712 STREET ADDRESS STREET ADDRESS PALM BEACH, FL 33480 -CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL-33480 · Change ☐ Addition ☐ Delete TITLE MANRIQUE, MARIO N NAME NAME STREET ADDRESS 949 BRICKELL BAY DR #501 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33131 TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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12. 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like improvered. SIGNATURÆ