2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 22, 2000 8:00 am **DOCUMENT # N36754** 1. Entity Name Secretary of State TROPICAL POST CARD CLUB, INC. 01-22-2000 90072 038 ****61.25 Principal Place of Business Mailing Address 6880 SOUTHWEST 75TH TERRACE 6880 SOUTHWEST 75TH TERRACE SOUTH MIAMI FL 33143-4427 SOUTH MIAMI FL 33143 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0263144 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3*060* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Náme Street Address (P.O. Box Number is Not Acceptable) MOORE, THOMAS G. 6880 S.W. 75TH TERRACE SOUTH MIAMI FL 33143 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME MOORE, THOMAS G. NAME STREET ADDRESS STREET ADDRESS 6880 S.W. 75TH TERRACE CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE. NAME NAME LADIN, BENJAMIN STREET ADDRESS STREET ADDRESS C-2043 NEWCASTLE DRIVE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL [] Change ☐ Addition Delete TITLE TITLE NAME NAME CARTER, EDWARD M STREET ADDRESS STREET ADDRESS 400 NE 20 ST 202B CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition Leopold Griffith 19930 5.W. 118th Place ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR