2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N9300001227 Jun 27, 2000 8:00 am Secretary of State CROATIAN RELIEF SERVICES OF FLORIDA, INC. 05-24-2000 90170 030 ****61.25 Principal Place of Business Mailing Address 20855 N.E. 16TH AVENUE 20855 N.E. 16TH AVENUE SUITE 35 SUITE 35 N MIAMI BEACH FL 33179-2139 N MIAMI BEACH FL 33179 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number City & State 65-0399425 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIA PAULIC Street Address (P.O. Box Number is Not Acceptable) LEGCEVIC, CARLOS I 200 S.E. 15TH ROAD 1081 APT 17-1 2322 MIAMI 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. **VREsident SIGNATURE** 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. IFGCE VIC CARVOS Delete ☐ Change VD TITLE TITLE 200 S.E 15th 2d 17-1 LEGCEVIC, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 200 S.E. 15TH RD. 174 1)irector MIAMI FL 33129 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 MARIA Change Delete TITLE PAULIC NAME LEGCEVIC, ROSA M NAME 1081 N.W.76AUE Director STREET ADDRESS STREET ADDRESS 200 S.E. 15TH RD. 17-1 PLANTATION CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 PAULTE ☐ Addition TITLE ☐ Delete 1081 NIW 76 AVE PAULIC, MARIA NAME NAME Director STREET ADDRESS STREET ADDRESS 1081 N.W. 76TH AVE. CITY-ST-ZIP PLANOTATION -- -- 33329 CITY-SI-ZIP: = PLANTATION FL 33322 LEGGENIC ROSA. M Change Delete TITLE TITLE NAME PAULIC, LUCY 200 SE 15th Rd 17-1 NAME STREET ADDRESS STREET ADDRESS 1081 N.W. 76TH AVE. CITY-ST-7IP CiTY-ST-ZIF PLANTATION FL 33322 Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Til Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

305-653-0144