2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000745

1. Entity Name

SOUL REAPERS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90145 044 ****70.00

Principal Place of Business	Mailing Address
6532 FLETCHER STREET HOLLYWOOD FL 33023 US	P O BOX 640100 N MIAMI BEACH FL 33164-0100 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1611 NW 12TH AVENUE	
Suite, Apt. #, etc. R312 A&B	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State
Zip / Country 33136 / US	Zip / Country

4. FEI Number 65-0469363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, PANSY 2291 N W 90TH STREET MIAMI FL 33147	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Pansy Beza Lopez LOPEZ, PANSY B. DS 3-29-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, CLEVEION JR 6532 FLETCHER ST HOLLYWOOD FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, JOYCELYN 6532 FLETCHER ST HOLLYWOOD FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LOPEZ, PANSY 2291 N W 90TH STREET MIAMI FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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.

SIGNATURE: Cleveion Ferguson FERGUSON, CLEVEION JR. D 3-29-00 954-985-3896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #