2001 UNIFORM BUŞINESS REPORT (UBR)

Sep 18, 2001 8:00 am E Secretary of State DOCUMENT # N96000001128 1. Entity Name 09-18-2001 90007 024 ****70 00 Nation of 514-B INDEPENDENCE RD. 3883 HIAWATHA AVE. #3 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33405 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, Applied For 4. FEI Number 65-0686254 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Begured -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DANIEL, SUNDRE REV. 3883 HIAWTHA AVE. #3 WEST PALM BEACH FL 33409 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. **ŞIGNATURE** Signature, typed or printed name of registered agent and title if app Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change Addition TITLE Delete TITLE SUDRE, DANIEL REV. NAME STREET ADDRESS STREET ADDRESS 3883 HIAWATHA AVE. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ■ Addition ☐ Change TITLE ☐ Delete TITLE EUGENE, JACQUES P REV NAME NAME STREET ADDRESS STREET ADDRESS 3883 HIAWATHA AVE. CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 GRESOIRE AROLD ☐ Change ☐ Addition ☐ Delete TITLE TITLE DESAMOURS, MICHAEL R NAME NAME STREET ADDRESS 350 DAVIS RD STREET ADDRESS Mort Lauderdale FIL. 33311 CITY-ST-ZIP CITY-ST-7(P **DELRAY BEACH FL** Addition Change ☐ Delete TITLE DORCE, JOSIAS REV NAME STREET ADDRESS 52 NW 61 ST STREET ADDRESS Lauderdale FL 338/ CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** ☐ Change Addition ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

TURE: MINUS STANDUIREDANIEL SURRE 9-10-01 561-640-6558