2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9600001798 1. Entity Name

PARALYZED VETERANS ASSOCIATION OF FLORIDA FOUNDA

Country

6. Name and Address of Current Registered Agent

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

6200 NORTH ANDREWS AVENUE

FT. LAUDERDALE FL 33309-2129

Principal Place of Business

FT. LAUDERDALE FL 33309

6200 NORTH ANDREWS AVENUE

2. Principal Place of Business

LANHAM, MICHAEL F

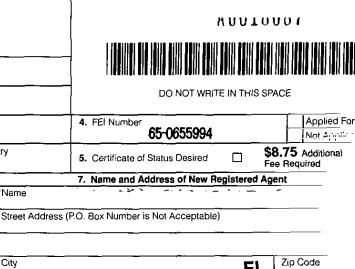
BISCAYNE BUILDING SUITE #1102

Suite, Apt. #, etc.

City & State

FILED Feb 05, 2000 8:00 am Secretary of State

02-05-2000 90021 014 ****61.25



19 WEST FLAGLER STREET City F١ MIAMI FL 33130 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.

Country

`Name

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME DE ARMAS, PEDRO NAME STREET ADDRESS 1206 ROYAL TERN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete Change ☐ Additior TITLE NAME RAZZANO, ERNEST STREET ADDRESS STREET ADDRESS 6523 NW 28TH COURT CITY-ST_ZIP CITY-ST-ZIP_ MARGATE FL-33063 ☐ Change ☐ Addition TITLE ☐ Delete NAME MONSON, DAVID STREET ADDRESS STREET ADDRESS 1400 NW 19TH STREET #204 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Delete TITLE Change Addition TITLE NAME JONES, JERRY D. NAME STREET ADDRESS STREET ADDRESS 936 INTRACOASTAL DRIVE, #703 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE NAME WALTER, REX NAME STREET ADDRESS STREET ADDRESS 9656 ARALIA WAY CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33436 ☐ Delete ☐ Change ☐ Additior TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

SIGNATURESTA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR