2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURÉ:

FILED DOCUMENT # N96000004967 Jul 13, 2000 8:00 am 1. Entity Name **Secretary of State** AMERICAN WORLDWIDE CHILDREN'S HEART FOUNDATION C 07-13-2000 90015 035 ****61.25 Principal Place of Business Mailing Address 6365-2 BAY CLUB DRIVE 6365-2 BAY CLUB DRIVE FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0712060 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 Name Street Address (P.O. Box Number is Not Acceptable) MALEK, ROGELIO A 6365-2 BAY CLUB DRIVE FORT LAUDERDALE FL 33308 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. **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: FEE IS \$61.25 **\$5.00** May Be After September 13, 2000 min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE NAME MALEK, ROGELIO NAME STREET ADDRESS STREET ADDRESS 6365-2 BAY CLUB DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 Change ☐ Addition ☐ Delete TITLE TITLE NAME SYED, ZAKA NAME STREET ADDRESS STREET ADDRESS 201 SE 6TH AVENUE STE 9 CITY_ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33060 --- - Change --- - Addition: ☐. Detete --TITLE ROHENES, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 15800 BULL RUN RD., 3461-F CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Change ■ Addition ☐ Delete TITLE TITLE ROHENES, FRANK CYNTHIA NAME NAME STREET ADDRESS STREET ADDRESS 15800 BULL RUN RD., #461-F CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33014 Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with the information indicated on this report or supplemental report is the 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 wither like empowered. of the corporation or the receiver or trustee emp changed, or on an attachment with an address

ROGELIO MALEK

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR