2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N98000001194 May 01, 2000 8:00 am Secretary of State CALLING ALL COLORS OF FLORIDA, INC. 05-01-2000 90441 043 ****61.25 Principal Place of Business Mailing Address 720 SNOWDEN DRIVE 720 SNOWDEN DRIVE LAKE WORTH FL 33461 LAKE WORTH FL 33461-5734 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0842044 Not Applicable Zip 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) MILLIGAN. ALPHONSO S ESQUIRE **SUITE 409** 319 CLEMATIS STREET Zip Code WEST PALM BEACH FL 33401 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: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE Change TITLE **BROWNSTEIN, TED** NAME NAME 720 SNOWDEN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33461 Change ☐ Addition TITLE ☐ Delete TITLE LIBERMANN, ANNE NAME NAME 111 RAINFOREST COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GUCHANI-ROSENBERG, FARAH NAME NAME STREET ADDRESS STREET ADDRESS 1400 N.W. 13TH STREET, #26 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Change ■ Addition ☐ Delete TITLE ROSENBERG, JOSHUA C NAME STREET ADDRESS 1400 N.W. 13TH STREET, #26 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Delete Change ■ Addition THOMAS-LEAHY, LOURDES NAME NAME 511 NORTH "K" STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP: . LAKE WORTH FL 33460 Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

4/27/00

54-34-0384 Daytime Phone #