## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **N99000005375** May 19, 2000 8:00 am Secretary of State Y.E.S. EDITION INC. 05-19-2000 90067 003 \*\*\*\*66.25 Principal Place of Business Mailing Address P O BOX 17892 P O BOX 17892 PLANTATION FL 33318 **PLANTATION FL 33318-7892** 2. Principal Place of Business 3. Mailing Address O. BOK 0.0. BOX 17892 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Florida Not Applicable Country Zip \$8.75 Additional 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) WADE, GINGER H 1031 SW 29 WAY FT LAUDERDALE FL 33312 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME 10315.W. 29Th Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = CITY-ST-ZIP~ ☐ Delete Treasurer TITLE NAME STREET ADDRESS STREET ADDRESS 1-Ave. Ht 904-Plantali CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Ha 33169 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE 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