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Mailing Address

P.O. BOX 610722
NORTH MIAMI BEACH FL 33261-0722

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**~~Make Check Payable to~~
Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director Assistant	☐ Change	☒ Addition
NAME	Van Bokkelen, M		
STREET ADDRESS	13508 NE 24th Court		
CITY-ST-ZIP	North Miami Florida 33161		

TITLE	DR13	☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE											☐ Change	☐ Addition
NAME												
STREET ADDRESS												
CITY-ST-ZIP												

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
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)(f), 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 613, 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 REQUIRED August 19, 1968 M-R VP M.D.

~~3/1/00 (305) 3367258~~
Date Daytime Phone #

CB2E037 (9/99)