## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am DOCUMENT # P0000002783 Secretary of State 1. Entity Name BAUTIC ENTERPRISES, INC. 05-03-2001 90939 040 \*\*\*150.00 Principal Place of Business Mailing Address 2609 NE 23RD STREET 2609 NE 23RD STREET FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address 101/Terrace 5.340 NW 3 40 NW othTerrace DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For . derdale Not Applicable Country A Country \$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 CORAL, CESAR Street Address (P.O. Box Number is Not Acceptable) 2609 NE 23RD STREET FT LAUDERDALE FL 33305 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. vice President President Addition TITLE ☐ Delete TITLE COR NAME reser NAME Terroce STREET ADDRESS STREET ADDRESS Landerdole FL 33309 ÇITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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

CITY-ST-ZIP

10/66/4

Daytime Phone #