2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am Secretary of State P00000034885 DOCUMENT # ENDLESS HOBBIES, INC. 03-14-2001 90010 003 ***150.00 Principal Place of Business Mailing Address 7380 W. ATLANTIC BLUD. SAME MARGATE, FL 33063 A0032699 2. Principal Place of Business 3. Mailing Address SAME 7380 W. ATLANTK BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65 - 0999285 City & State City & State Applied For MARGATE Not Applicable 3<u>3063</u> Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. MARIO RAMETTA 343 ALMERIA AVOLUE Street Address (P.O. Box Number is Not Acceptable) 5346 NW 9972 WAY CORAL GABLES, FL 33134 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 reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. PRESIDENT MARIO RAMETTA 5346 NW 99 !! WAY Change ☐ Addition PRESIDENT ☐ Delete TITLE TITLE MARIO RAMETTA 2301 WEST SAMPLE RD. NAME NAME STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33673 Delete ☐ Change ☐ Addition TITI F TITLE NAME NAME DANNY VAZQUEZ STREET ADDRESS STREET ADDRESS 2301 WEST SAMPLE RD. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH, FL 33073 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

MARIO RAMETTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED