## Apr 30, 2001 08:00 AM P00000040721 DOCUMENT# 1. Entity Name **Secretary of State** CENETEC ENTERPRISES, INC. Principal Place of Business Mailing Address 4950 BLUE LAKE DR., STE, 900 4950 BLUE LAKE DR., STE, 900 BOCA RATON FL BOCA RATON FL 33431 33431 2. Principal Place of Business 3. Mailing Address 4950 COMMUNICATION AVE., STE. 900 4950 COMMUNICATION AVE., STE. 900 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON FLNot Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33431 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT WHITE ROBERT 4950 BLUE LAKE DR., STE. 900 Street Address (P.O. Box Number is Not Acceptable) 4950 COMMUNICATION AVE., STE. 900 BOCA RATON FL33431 City Zip Code BOCA RATON 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 04/30/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE X Addition ☐ Change MAME NAME CRYAN GREGORY J STREET ADDRESS STREET ADDRESS 4950 COMMUNICATION AVE, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON 33431 ☐ Delete TITLE Change NAME NAME MARJOVEC FIRST FAMILY LIMITED PARTNERSHIP STREET ADDRESS STREET ADDRESS 4950 COMMUNICATION AVE, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL33431 ☐ Delete TITLE MGR ☐ Change X Addition NAME JCH FAMILY, LP STREET ADDRESS STREET ADDRESS 4950 COMMUNICATION AVE, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL. 33431 ☐ Delete TITLE TITLE MGR Change X Addition WDH FAMILY, LP NAME STREET ADDRESS STREET ADDRESS 4950 COMMUNICATION AVE, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON $\mathbf{FL}$ 33431 TITLE ☐ Delete TITLE MGR ☐ Change ■ Addition NAME DALEEN JAMES STREET ADDRESS STREET ADDRESS 4950 COMMUNICATION AVE, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL33431 Delete TITLE ☐ Change X Addition NAME THE SCOTT H ADAMS REVOCABLE TRUST STREET ADDRESS STREET ADDRESS 4950 COMMUNICATION AVE, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON 33431 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.

MGR

04/30/2001

Date

Daytime Phone #

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

WILLIAM D HAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_