2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P00000044844 1. Entity Name NOAH'S ARK PETTING ZOO, INC. 04-05-2001 90087 037 ***150.00 Principal Place of Business Mailing Address 150 BONAVENTURE BLVD., #212 R-O: EOX 550074 WESTON FL 33328-1416 FT. LAUDERDALE FL 33355 **JUUULI** 2. Principal Place of Business 14818 1945 Street Worth 3. Mailing Address 14818 19th Street Worth Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State oxahatchee exahatchee. 65-1023056 Not Applicable Country Country 5. Certificate of Status Desired Fee Required \$8.75 Additional USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORTUNATO, JENNIFER L Street Address (P.O. Box Number is Not Acceptable) 150 BONAVENTURE BLVD.: #212 WESTON FL 99926 1416 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. enniter SIGNATURE DATE 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 П (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President Dieschoe Change ☐ Addition TITLE TITLE NAME NAME FORTUNATO JR 14818 19 th 64. North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Persident | Dieschoe Delete TITLE Change Addition NAME NAME JENNIFEE FORTUNATO STREET ADDRESS STREET ADDRESS 14818 19th steet North CITY-ST-ZIP CITY-ST-ZIP LOKOHAlchre, Fl. 334 TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING

Fortundo 3/13/0, 56/-333-2103