2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P0000049461 1. Entity Name MINNIE CULBACK, INC. 04-30-2001 90371 047 ***150.00 Principal Place of Business Mailing Address 10145 DIAMOND LAKE ROAD 10145 DIAMOND LAKE ROAD **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65- 1012786 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERNEST SIMON FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) Raph 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 City BOYNTON is this statement for the durpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity sub SIGNATURE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE. TITLE D NAME NAME SIMON, SONYA R STREET ADDRESS STREET ADDRESS 10145 DIAMOND LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change ☐ Addition ☐ Delete TITLE TITLE NAME SIMON, ERNEST NAME STREET ADDRESS STREET ADDRESS 10145 DIAMOND LAKE ROAD CITY-ST-ZIP CITY-ST-7IP BOYNTON BEACH FL 33437 ☐ Chánge ☐ Addition TITLE . ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

CITY-ST-ZIP

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

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

changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP