2003 FOR PROFIT CORPORATION

Feb 20, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P00000067060 DOCUMENT # 01-13-2003 90664 011 ***150.00 1. Entity Name PARKLAND 2000 MANAGEMENT, INC. Principal Place of Business <u> ነጋሀሀሀሀታ፣</u> Mailing Address 2800. WESTON RD #204 2800 WESTON RD #204 WESTON FL 33331 WESTON FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1050945 Applied For Zip Country Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent Fee Required ... 7. Name and Address of New Registered Agent Name LEGAL INFORMATION SERVICES, INC. 1290 WESTON ROAD SUITE 300 Street Address (P.O. Box Number is Not Acceptable) WESTON FL 33326 City Zip Code 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. I am familiar with, and accept SIGNATURE . FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing Make Check Payable to Florida Department of State \$5.00 May Be Trust Fund Contribution. Added to Fees-10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ecretor TITLE MARTINEZ, IGNACIO EPELBOIH, NOEL #209 2000 WESTON RD #209 WESTON FL 3333) ☐ Change 14 Addition NAME 4400 EL CONDOISTADOR PHAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP WESTON FL 33331 CITY-ST-ZIP TITLE ☐ Delete TITLE Presidunt NAME . Change ☐ Addition anacio Mortinez 2800 Weston Rd # 204 NAME STREET ADDRESS STREET ADDRESS CITY-ST-716 CITY-ST-ZIP Weston, FC 33331 ☐ Delete TITLE NAME ☐ Change ☐ Addition MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP 12. I hereby certify that the information function indicated on this report or supplemental report indicated on this report or supplemental report in the contract of the cont with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is fue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. of the corporation or the receive

SIGNATURE:

changed, or on an attachment

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