2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000083684 1. Entity Name CCDT INC. 04-17-2001 90134 050 ***150.00 Mailing Address Principal Place of Business 3712 CORAL SPRINGS DR. 3712 CORAL SPRINGS DR. CORAL SPRINGS FL 33065 00037901 CORAL SPRINGS FL 33065 3. Mailing Address 5364 NW 122 DR Suite, Apt. #, etc. 2. Principal Place of Business 7218 SouthGATE BLUD DO NOT WRITE IN THIS SPACE 4. FEI Number 104/3/0 Applied For NORTH LAUDERPALE Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent KAZAKSS, GARY 3712 CORAL SPRINGS DR. NW **CORAL SPRINGS FL 33065** 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND PARTY FORS IN 11 OFFICERS AND DIRECTORS PRESTOENT PRESIDENT CR2E034 (10/00) GARY KAZAKS 5364 NW 122 DR. Delete TITLE TITLE GARY KAZAKSE 3712 CORAL SPRINGS DR CORAL SPRINGS, FL 33065 NAME MARKE COPAL SPRINGS FC 33076 VICE PRESIDENT/TREADCHARGE STEPHANIE KAZAKS 5364 NW 1220R. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STEPHANIE KAVAKS 3712 COMAL SPMINES DR. TITLE NAME STREET ADDRESS STREET ADDRESS CORAL SPRINTS, FL 33065 ORAC SPHINGS, FC 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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