2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P0000085009 Secretary of State ADVANCE CREDIT REPORTING INC 03-08-2001 90116 032 ***158.75 Principal Place of Business Mailing Address 3800 INVERARY BLVD 3800 INVERARY BLVD LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address 3800 Inversan BIVA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number LAujer Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired uSA BrOWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMER, WAYNE Street Address (P.O. Box Number is Not Acceptable) 3800 INVERARY BLVD LAUDERHILL FL 33319 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change PALMER, WAYNE NAME NAME STREET ADDRESS 3800 INVERARY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 TITLE □ Delete TITLE PALMER, JANET NAME NAME STREET ADDRESS 3800 INVERARY BLVD STREET ADDRESS CITY-ST-7IP LAUDERHILL FL 33319 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME PENALOZA, AMANDA NAME STREET ADDRESS 3800 INVERARY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF

Mulu au Haylika Difficer on Diffector

3/5/0/ Date/

FILED

964 714 - 6492 Davime Phone # 12F034 /10/00