## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2001 8:00 am DOCUMENT # P0000089169 **Secretary of State** 3 D VENTURES INC. 01-25-2001 90256 004 \*\*\*150.00 Principal Place of Business Mailing Address 10076 GRIFFIN ROAD 10076 GRIFFIN ROAD COOPER CITY FL 33328 COOPER CITY FL 33328 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 4. FEI Number 65-1049525 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHMIER, DANIEL Street Address (P.O. Box Number is Not Acceptable) **6273 PINE TERRACE** PLANTATION FL 33317 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 ed 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change TITLE ☐ Delete TITLE NAME NAME Pine Terrock STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ration Fl. 33317 Change Addition TITLE ☐ Delete TITLE NAME NAME Holly Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP \_\_\_Change. Addition... TITLE Delete THEF Dan M. Miller NAME NAME 9732 Socrel Am STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 20854 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 eath; that I am an efficer 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

454 - 252 - 1411

Daytime Phone