2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107578 1. Entity Name ACCELERATED INVESTIGATIONS, INC. THAT TO AM 10: 55 SECRETARY OF STATE TALLAHASSEE. FLORIDA Mailing Address Principal Place of Business 8200 W SUNRISE BLVD 8200 W SUNRISE BLVD SHÎF C-2 SHITE C-2 PLANTATION, FL 33322 PLANTATION, FL 33322 2. Principal Place of Business 3. Mailing Address 46 Ave Hue <u>12</u>5 N Suite, Apt. #, etc. Suite, Apt. #. etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number HOILY WOOD Hollywood 65-1060810 Not Applicable 330a \ Country USA 3302*C* \$8.75 Additional 5. Certificate of Status Desired S 🖹 Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Bruce Gottlied CANTOR, JERALD C 4000 HOLLYWOOD BLVD, SUITE 265 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33021 Avenue 46 Zip Code boow v/10 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 the obligations of registered agent. Signature, typed or printed. ed tille i applicabl (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 10. 300019175713 Addition 05/16/03--01032--011 **61.25 TITLE CR2E034 (10/02) TITLE MISKOVICH, PETER NAMÉ NAME 8200 W SUNRISE BLVD., SUITE C-2 STREET ADDRESS STREET ADDRESS PLANTATION, FL 33322 CITY-ST-ZIP CITY-ST-ZP Change sobert St. Aubin Addition TITLE ☐ Delete TILE AUBIN, ROBERT NAME NAME 125 N 46 Avenue 8200 W SUNRISE BLVD., SUITE C-2 STHEET ADDRESS STREET ADDRESS HOTIY WOOD, FL 33020 CITY-ST-ZP PLANTATION, FL 33322 CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-28 CITY-ST-2IP TITLE □ Delete 1016 ☐ Change ■ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZP Cf1Y-S1-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-2P CITY-ST-2IP Change Addition ☐ Delete TITI F TITLE HAME NAMÉ STREET ADDRESS STREET ADDRESS City-ST-ZP COY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J1 2/55