## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State P01000071835 **DOCUMENT #** 1. Entity Name RELENTLESS 235 CORP. 05-13-2002 90214 038 \*\*\*150.00 Principal Place of Business Mailing Address C/O DIANE MICHAELS ZOOK C/O DIANE MICHAELS ZOOK 500 BAYVIEW DRIVE #623 500 BAYVIEW DRIVE #623 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZOOK, DIANE MICHAELS Street Address (P.O. Box Number is Not Acceptable) 500 BAYVIEW DRIVE, #623 NORTH MIAMI BEACH FL 33160 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. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition ZOOK, STEVEN NAME NAME STREET ADDRESS 500 BAYVIEW DRIVE #623 STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition **ZOOK, DIANE MICHAELS** NAME NAME 500 BAYVIEW DRIVE #623 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NORTH MIAMI BEACH FL 33160 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME: NAME ~ STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP □ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

of the corporation or the receive 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 attachmen ▲ddress, with all other

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