2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P08844** Jun 08, 2000 8:00 am **Secretary of State** FIRST LADY INTERNATIONAL CORPORATION 06-08-2000 90023 043 ***150.00 Mailing Address Principal Place of Business 14 MENDOTA ROAD 14 MENDOTA ROAD TORONTO, ONTARIO TORONTO, ONTARIO CANADA M8Y1E8 CANADA M8Y1E8 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 51-0278165 Not Applicable Zip Country 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 CHAUNCEY, HARRISON K JR. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE SUITE 200. EAST TOWER WEST PALM BEACH FL 33401 Zip Code FL 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) DATE 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, 2000 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 12. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME MARTIN, LESLIE E STREET ADDRESS N202 3250 SOUTH OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition TITLE ☐ Delete TITLE Change NAME MARTIN, RANDALL C NAME STREET ADDRESS STREET ADDRESS **5827 CORPORATE WAY** CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete 、 TITLE . TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: