## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State DOCUMENT # P92000008834 1. Entity Name POSITIVELY YOU, INC. 05-02-2000 90086 050 \*\*\*150.00 Principal Place of Business Mailing Address PINES BLVD. 1371 NW 144 AVE PEMBROKE PINES FL 33028-2919 PINES FL 33026 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0372692 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COX, LINDA L Street Address (P.O. Box Number is Not Acceptable) 1371 NW 144 AVE PEMBROKE PINES FL 33028 Zip Code City 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 hame 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE DP ☐ Delete TITLE NAME NAME COX, LINDA L STREET ADDRESS STREET ADDRESS 1371 NW 144 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME DE ROSAL, SANDRA NAME STREET ADDRESS STREET ADDRESS 1351 NW 144 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete ☐ Change \_ 🔲 Addition TITLE NAME NAME KROUPA, VERNON A STREET ADDRESS STREET ADDRESS 1361 NW 144 AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NÁME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NĀME STREET ADDRESS STREET ADDRESS CRY-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:

CR2E034 (9/99)