2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # P92000011908 1. Entity Name FLORIDA 2-WAY SERVICE, INC. 04-19-2000 90103 012 ***158.75 Mailing Address Principal Place of Business C/O IVAN A. GOMEZ 2700 DAVIE ROAD 601 BRICKELL KEY DR. SUITE 507 DAVIE FL 33314 MIAMI FL 33131-2652 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0387624 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired ~~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IAG COPPORATE SERVICES, INC. IVAN A GOMEZ, P.A. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR., STE. 507 601 BRICKELL KEY DRIVE MIAMI FL 33131 SUITE 507 Zip Code City 33131 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. 12. ☐ Addition ☐ Change Delete TITLE TITLE NAME PUDSEY, RICHARD F NAME STREET ADDRESS STREET ADDRESS 2700 DAVIE RD CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change Addition ☐ Delete TITLE TITLE PEDERSEN, DAVID A NAME STREET ADDRESS STREET ADDRESS 2700 DAVIE RD CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 ☐ Change Addition TITLE ☐ Delete TITLE RODRIGUEZ. MIGUEL NAME STREET ADDRESS STREET ADDRESS 2700 DAVIE RD CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME

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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (9/99)