2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DOCUMENT # **P93000001713** May 11, 2000 8:00 am Secretary of State INVESTOR'S RESOURCE, INC. 05-11-2000 90284 019 ***158.75 Principal Place of Business Mailing Address 2300 CORPORATE BLVD., N.W. 2300 CORPORATE BLVD., N.W. **SUITE 123 SUITE 123** BOCA RATON FL 33431-7345 **BOCA RATON FL 33431** 3. Mailing Address (401 RUMPKIN) SED CIRCLE 2. Principal Place of Business FOWERLINE KD. 2450 N. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 219 SU*ITU* 26 City & State Applied For City & State 4. FEI Number 65-0398955 ۴L Not Applicable OMPANO Country \$8.75 Additional Country Certificate of Status Desired V S. A Fee Required 33069 V.S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ DUBIN, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 2300 CORPORATE BLVD., N.W. SUITE 123 **BOCA RATON FL 33431** Zip Code 3 3 Y 33-5176 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 ARTHUR SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE □ Delete TITLE DUBIN, ARTHUR NAME 6401 PUMPKIN SEED CIRCLE STREET ADDRESS 2300 CORPORATE BLVD., N.W. STREET ADDRESS BOCK RAFON A 33433 5776 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ 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 ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ³ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.