## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P93000005022 Apr 17, 2000 8:00 am Secretary of State PHOENIX INTERNATIONAL LTD., INC. 04-17-2000 90074 046 \*\*\*150.00 Principal Place of Business Mailing Address 500 INTERNATIONAL PARKWAY 500 INTERNATIONAL PARKWAY HEATHROW FL 32746 HEATHROW FL 32746-5597 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3171810 Not Applicable \$8.75 Additional Ζiρ Country 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 (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. 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 OFFICERS AND DIRECTORS 12 11. Change CD. TITI F TITLE □ Delete YUSEFZADEH, BAHRAM NAME NAME STREET ADDRESS STREET ADDRESS 500 INTERNATIONAL PARKWAY CITY-ST-ZIP CITY-ST-7/P **HEATHROW FL 32746** ☐ Change ☐ Addition TITLE Delete BURNS, THEODORE C NAME NAME STREET ADDRESS STREET ADDRESS **500 INTERNATIONAL PKWY** CITY\_ST\_7IP CITY-ST-ZIP **HEATHROW FL 32746** ☐ Change ☐ Addition TITLE Delete TITLE STURM, GLENN NAME NAME STREET ADDRESS STREET ADDRESS 500 INTERNATIONAL PARKWAY CITY-ST-7IP CITY-ST-ZIP HEATHROW FL 32746 ☐ Addition Change TITLE ☐ Delete SHIUDASANI, RAJU M NAME STREET ADDRESS STREET ADDRESS **500 INTERNATIONAL PARKWAY** CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** ☐ Delete TITLE Change ☐ Addition TITLE NAME MURPHY, MICHAEL J NAME **500 INTERNATIONAL PARKWAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE **HEATHROW FL 32746** ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 amoving definition.

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