FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P93000027570** 03-23-2000 90003 048 ***150.00 CHERONKEE, INC. Mailing Address Principal Place of Business 1001 S.W., 75 TERRACE ioùi s.w. 75 terrace 821803 ***^** FL 33317 PLANTATION FL 33317-3238 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 65-0387409 Not Applicable Country \$8.75 Additional Zip 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 CLARKE, ELMER Street Address (P.O. Box Number is Not Acceptable) 1001 S.W. 75 TERRACE PLANTATION FL 33317 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. Addition PD Delete TITLE TITLE CLARKE, ELMER NAME NAME 1001 SW 75 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33317** ☐ Change ☐ Addition ☐ Delete TITLE CLARKE, KATHY NAME 1001 S.W. 75 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 13. I hereby certify that the information supplied with this filling 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.

C.32E034 (9/99)

433-7000 EX 105