2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # **P93000030143** SUNCOAST CAPITAL CORP. 05-13-2000 90024 011 ***150.00 Mailing Address Principal Place of Business 113 BOWSPRIT DR. 113 BOWSPRIT DR. NORTH PALM BEACH FL 33408-5053 NORTH PALM BEACH FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0593179 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name راجيما يتحصينا فرايرا واحتأ BLANCHARD, WARREN JR Street Address (P.O. Box Number is Not Acceptable) 113 BOWSPRIT DR. NORTH PALM BEACH FL 33408 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) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. Addition D TITLE ☐ Change ☐ Delete TITLE BLANCHARD, WARREN JR NAME NAME 113 BOWSPRIT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP NORTH PALM BEACH FL 33408 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 ☐ Addition ☐ Change ☐ Delete TITLE 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 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:

VENEZURE OPPRINGED NAME OF SIGNING OFFICER OF PRECTOR

561 630 8400