

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90215 001 ***150.00

Mailing Address

19443 NW 11 STREET
PEMBROKE PINES FL 33029-3213
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For

| |
|----------------|
| Not Applicable |
|----------------|

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

| | |
|-----|---------------------------------------------------|
| 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|-----|---------------------------------------------------|

| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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TITLE _____ ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

Date _____

(305) 221-6862
Daytime Phone #