2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P93000068672 1. Entity Name JOHN TATTA ENTERPRISES, INC. 01-24-2000 90035 047 ***150.00 Principal Place of Business Mailing Address 20 BAY COLONY POINT C/O WRIGHT, L RAVINE RD FT LAUDERDALE FL 33308 **BAYVILLE NY 11709** A0010404 HS U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 11-3095006 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE 105 TALLAHASSEE FL 32301 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, typed or printed name of registered agent and title if applicable DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. 12. CR2F034 (9/99 ☐ Addition TITLE Delete TITLE NAME NAME TATTA, JOHN STREET ADDRESS STREET ADDRESS 20 BAY COLONY POINT CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ST NAME TATTA, ANNE NAME STREET ADDRESS STREET ADDRESS 20 BAY COLONY POINT CITY-ST-ZIP CITY-ST-ZIP <u>FT LAUDERDALE FL</u> Addition ☐ Delete Change NAME --- . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS

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 an address, with all other like empowered. changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE: