2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000071334 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** A. ALSON, INC. 03-31-2000 90082 003 ***150.00 Mailing Address Principal Place of Business 2711 NORTH 72 TERRACE P.O. BOX 6901 HOLLYWOOD FL 33081 HOLLYWOOD FL 33024 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0454699 Not Applicable Zip Country 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 -BUYEA, TERRY L 330 N. SR 7 Terrace C/O 117 W. GULF DR. HOLLYWOOD FL 33021 33024 8. The above named entitle obmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida gent and title if applicable. (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 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PT ☐ Addition TITLE ☐ Change TITLE Delete BUYEA, TERRY L NAME NAME STREET ADDRESS 2711 NORTH 72 TERRACE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33024-2727 CITY-ST-ZIP Addition TITLE □ Delete TITLE ☐ Change BUYEA, IVANY C STREET ADDRESS STREET ADDRESS 2711 NORTH 72 TERRACE CITY-ST-ZIP HOLLYWOOD FL 33024-2727 CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition 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 attackment with an address, with all other like empowered.

Daytime Phone #