## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

## **FILED** DOCUMENT # P93000078065 Apr 22, 2000 8:00 am Secretary of State C.A.A.G., INC. 04-22-2000 90105 005 \*\*\*150.00 Mailing Address Principal Place of Business 124 N. GORDON ROAD 124 N. GORDON ROAD FORT LAUDERDALE FL 33301-3734 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0459035 Not Applicable Zip . Country\_ Zip Country \$8.75-Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSS, CATHY A Street Address (P.O. Box Number is Not Acceptable) 124 N. GORDON ROAD FORT LAUDERDALE FL 33301 Zip Code FL 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 DATE Signature, typed or printed name of registered agent 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 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 ☐ Change ☐ Delete TITLE TITLE CATHY A. GROSS NAME 124 N GORDON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Change Addition ☐ Delete TITLE TITLE MARK, H. GROSS NAME NAME STREET ADDRESS 2815 SW 117TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33330 Change ■ Addition TITLE Delete TITLE GROSS, DAVID L NAME STREET ADDRESS STREET ADDRESS 2118 INVERNESS DR CITY-ST-ZIP CITY-ST-ZIP **HENDERSON NV 89014** ☐ Change ☐ Addition ☐ Delete TITLE 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 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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