2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED Feb 08, 2000 8:00 am DOCUMENT # P94000015165 **Secretary of State** 1. Entity Name PRINCE I DEAL TRANSMISSION, CORP. 02-08-2000 90050 006 ***150.00 Principal Place of Business Mailing Address 13680 NW 19 SE 13680 NW 19 SE. BAY #6 BAY #6 OPALOKA FL 33054 **OPAPLOCKA FL 33054-4210** US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0470334 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRINCE, ELLIOTT JR. Street Address (P.O. Box Number is Not Acceptable) 13680 NW 19 SE. BAY#6 MIAMI FL 33054 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nai 9. This corporation is eligible to satisfy its Intengible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 10.- Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See critéria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change PD TITLE ☐ Delete TITLE PRINCE, ELLIOTT JR. NAME NAME STREET ADDRESS STREET ADDRESS 1748 N.W. 89TH TERRACE CITY-ST-ZIP CITY-ST-ZIP . **MIAMI FL 33147** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.