2000 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P94000046676** 1. Entity Name SNELLING & HENTH, INC. 03-22-2000 90044 033 ***150.00 Mailing Address Principal Place of Business 1855 GRIFFIN RD SUITE A-372 1855 GRIFFIN RD SUITE A-372 80043118 DANIA FL 33004 DANIA FL 33004-2210 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite! Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0506248 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHADE, HENRY W Street Address (P.O. Box Number is Not Acceptable) 2699 S BAYSHORE DR **MIAMI FL 33133** 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 (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Change ☐ Delete TITLE SNELLING, GLENN W NAME NAME 555 NE 34TH ST APT 2507 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33137** CITY-ST-ZIP Change ☐ Addition Defete 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 Change ☐ Addition ☐ 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-ZIP CITY-ST-ZIE ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 frustee 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:

SOUTH HUGO HENTH

3/1/50 954-923-0899 Date Daytime Phone #

FILED