2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # **P94000050787** FENROB INC. 05-12-2000 90049 008 ***150.00 Mailing Address Principal Place of Business 4998 N.W. 39TH STREET 4139 N. STATE RD. 7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319-6513 ママママしょいひ 2. Principal Place of Business 3. Mailing Address 7551 W. OAKLAND PK BUI 7551 WOOKLAND PK BUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0505820 AUDENHILL <u>AUD</u>ontHCC FLORUDA Not Applicable Country Zip \$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 ROBINSON, COLIN Street Address (P.O. Box Number is Not Acceptable) 4998 N.W. 39TH STREET LAUDERDALE LAKES FL 33319 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) 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. Anded to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition PD TITLE Change TITLE Delete ROBINSON, COLIN NAME NAME STREET ADDRESS 4998 N.W. 39TH STREET STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE ROBINSON, JENNIFER NAME NAME 4998 N.W. 39TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CITY-ST-ZIP Change Addition Detete TITLE TITLE WYNDELL. FENTON NAME NAME 4998 N.W. 39TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F 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 attachment with an address, with all other like empowered.