2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State **DOCUMENT #** P94000065911 1. Entity Name 04-16-2002 90095 037 ***150.00 F P, INC. Principal Place of Business Mailing Address 3700-B HACIENDA BLVD 3700-B HACIENDA BLVD FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0519353 Not Applicable Zip Country 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 Name DRENT, KAREN Street Address (P.O. Box Number is Not Acceptable) 3700-B HACIENDA BLVD FT. LAUDERDALE FL 33314 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATĘ 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Addition Change NAME DRENT, RONALD NAME STREET ADDRESS STREET ADDRESS 3700-B HACIENDA BLVD CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME DRENT, KAREN NAME STREET ADDRESS 3700-B HACIENDA BLVD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Delete - -TITLE VD' _ _ .Change _ _ Addition TITLE NAME NAME CERUTTI, CHUCK STREET ADDRESS STREET ADDRESS 3700-B HACIENDA BLVD CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE: 🗾

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