2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P94000075755 TRANSCRIBING BY COMPUTER, INC. 04-26-2001 90255 028 ***150.00 Principal Place of Business Mailing Address 3225 SW 75TH COURT 3225 S.W. 75TH COURT MIAMI FL 33155 MIAM FL 33155 ВS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0530831 Not Applicable Zip Country Country \$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 CONFER, NANCE J Street Address (P.O. Box Number is Not Acceptable) 3225 S.W. 75TH COURT MIAMI FL 33155 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 18. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. 11. CH2E034 (10/00) Change TITLE ☐ Delete TITLE CONFER, NANCE V NAME NAME STREET ADDRESS STREET ADDRESS **3225 SW 75TH COURT** CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155-3672 ☐ Change ☐ Addition ☐ Delete TITLE TITI F van Kirk, nance Confer NAME NAME STREET ADDRESS 8680 EAGLE AV STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP HOBE SOUND FL 33455 Addition TITLE Change Delete, TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-51-719 ☐ Change MILE ☐ Addition Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete 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.