2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P94000091300** 1. Entity Name P.R.T.I. INC. 05-17-2000 90903 012 ***150.00 Mailing Address Principal Place of Business 1159 ROYAL PALM BEACH BLVD 1159 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411-1669 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0546756 Not Applicable Country \$8.75 Additional Zip 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 INFANTE, ROSE Street Address (P.O. Box Number is Not Acceptable) 162 RAMBLEWOOD CIRCLE - -ROYAL PALM BEACH FL 33411 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 (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. 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. Change Addition PST TITLE TITLE ☐ Delete INFANTE, ROSE NAME NAME STREET ADDRESS STREET ADDRESS 162 RAMBLEWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP RAYAL PALM BEACH FL 33411 Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME 1.3. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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

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