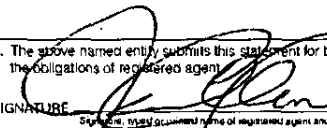
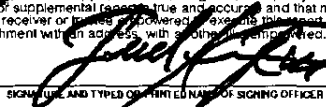


FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 JUL 14 PM 2:10

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000003109		
1. Entity Name CONSORTIUM 2000 LTD., INC.		
Principal Place of Business 1433 STONEWAY LANE W PALM BEACH, FL 33417		Mailing Address P.O. BOX 223544 WEST PALM BEACH, FL 33422
2. Principal Place of Business 2501 WESTGATE AVE Suite, Apt. #, etc. 4	3. Mailing Address 2501 WESTGATE AVE Suite, Apt. #, etc. 4	4. FEI Number 65-0551046 Applied For ☐ Not Applicable
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL	
Zip 33409	Country PALESTINE	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent COLLINS, JOHN 1443 STONEWAY LANE WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name John M. Collins Street Address (P.O. Box Number is Not Acceptable) 2501 Westgate Avenue Suite 4 City West Palm Beach FL Zip 33409
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 7/3/03 (NOTE: Registered Agent's signature required when submitting)		
FEE SCHEDULE: FILING FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
12. 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 reports is true and correct, 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 exercise the powers required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a copy of the filing.		
SIGNATURE:  DATE 7/3/03 Signature and typed or printed name of signing officer or director		Daytime Phone #

CH2E034 (10/02)