2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am DOCUMENT # P95000010836 **Secretary of State** KEVIN B. DENNIS, P.A. 03-24-2000 90102 039 ***150.00 Principal Place of Business Mailing Address PENTHOUSE SUITE PENTHOUSE SUITE 1600 SOUTH FEDERAL HIGHWAY 1600 SOUTH FEDERAL HIGHWAY POMPANO BEACH FL 33062-7500 POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business 500 SE (of Street 500 SE 6M Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #101 #101 City & State Applied For City & State 4. FEI Number 65-0556922 LAUDERDALE Jai Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired uŚA 33301 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ENNIS DENNIS, KEVIN B Street Address (P.O. Box Number is Not Acceptable) 1600 S FEDERAL HWY S FEDERAL HWY PENTHOUSE HOUSE FORT LAUDERDALE FL 33316 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. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Delete TITLE TITLE NAME NAME DENNIS, KEVIN B STREET ADDRESS STREET ADDRESS 1600 S FEDERAL HWY PENTHOUSE STE 1100 CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33316 Y Change ☐ Addition TITLE Dennis, Kenn B 500 SE 6th Street #101 DENNIS, KEVIN B NAME STREET ADDRESS STREET ADDRESS A. Lauderdale, FL 33301 CITY-ST-ZIP CITY-ST-ZIP FT. Lau DERDALE ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: