2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P95000019853** CORPORATE CONSULTING, INC. 04-19-2000 90077 002 ***150.00 Principal Place of Business Mailing Address 3741 NE 163RD STREET 3741 NE 163RD STREET SUITE 150 SUITE 150 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160-4104 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0570210 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ろるほひっちょっせ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent oland G. Auclanc AUCLAIR, MELITTA M Street Address (P.O. Box Number is Not Acceptable) 451 POINCIANA ISLAND DR. N. MIAMI BEACH FL 33160 8. The above name this state hent fo se of chargi ng its registered office or registered agent, or both, in the State of Florida. SIGNATURE & (NOTE: Registered Agent signature required when reinstating) 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 cloots 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. Change ☐ Addition ☐ Delete TITLE AUCLAIR, ROLAND G NAME NAME 18151 NE Blet Court 4409 STREET ADDRESS 451 POINCIANA ISLAND DR. STREET ADDRESS CITY-ST-ZIP Aventura, FL 3316 CITY-ST-ZIP N. MIAMI BEACH FL 33160 Delete ☐ Addition TITLE AUCLAIR, MELITTA M NAME NAME STREET ADDRESS STREET ADDRESS 451 POINCIANA ISLAND DR. CITY-ST-ZIP CITY - ST - ZIP N. MIAMI BEACH FL 33160 Addition ☐ Change ☐ Delete TITLE TITLE AUCLAIR, ROLAND A NAME NAME STREET ADDRESS STREET ADDRESS 2872 STEAMBOAT LOOP CITY-ST-ZIP CITY-ST-ZIP NORTH FT. MYERS FL 33917 Addition TITLE ☐ Delete NAME nicole E. Aucla NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIF ☐ Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS 71.2. CITY-ST-ZIP CITY-ST-ZIP Aventura, ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the internation supplied with this filling 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 suppliental 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 of trustee employeed 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ROLAND C AUCLA

x4-3-00

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