2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000022925** Apr 20, 2000 8:00 am Secretary of State SERVICE STRATEGIES INTERNATIONAL, INC. 04-20-2000 90072 016 ***150.00 Mailing Address Principal Place of Business 1925 BRICKELL AVENUE 1925 BRICKELL AVENUE SUITE 713D SUITE 713D MIAMI FL 33129-2908 MIAMI FL 33129 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 65-0599617 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROUNDY, PAUL Street Address (P.O. Box Number is Not Acceptable) 1925 BRICKELL AVE **SUITE 7135 MIAMI FL 33129** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE TITLE ROUNDY, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1925 BRICKELL AVE SUITE 713D CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 Change ☐ Addition ☐ Delete TITLE NAME ROUNDY, EVELYN B NAME STREET ADDRESS 1925 BRICKELL AVE SUITE 713D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 Delete TITLE: - -☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. I hereby certify that the information 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 supplemental eport 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.