2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # **P95000024322** 1. Entity Name TERZAR ENTERPRISES, INC. 03-04-2000 90055 044 ***150.00 Principal Place of Business Mailing Address 15481 SW 153RD STREET ~15481 SW 153RD-STREET MIAMI FL 33187 MIAMI FL-23187 5426 13727 SW 152 St#264 MIA. Fl. 33177 3. Mailing Address 2. Principal Place of Business 13727 SW/SZST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0570819 MIAMI Not Applicable Country 1/5 A Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZARLING, TERRY J Street Address (P.O. Box Number is Not Acceptable) 15481 SW 153RD STREET MIAM! FL 33187 Zip Code City 8. The above named enlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Terry J. ZAR ING , PRESIDENT. 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 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 11. 12. TITLE ☐ Delete TITLE ☐ Change Addition ZARLING, TERRY J NAME NAME STREET ADDRESS 15481 SW 153RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33187 ☐ Delete ☐ Chance ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change · Delete TITLE Addition TITLE STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

305-232-7575

Daytime Phone #