2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000025377** Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** KNIGHTSBRIDGE OF SOUTH FLORIDA, INC. 03-08-2000 90031 038 ***150.00 Principal Place of Business Mailing Address 6550 N FEDERAL HWY 6550 N FEDERAL HWY STE 240. MB 13 STE 240. MB 13 FT LAUDERDALE FL 33308-1400 FT LAUDERDALE FL 33308 3: Mailing Address 2. Principal Place of Business 4750 NE 23rd Avenue 4750 NE 2371 AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0579970 Fort Lauderdale Fort Lauderdale, FL Not Applicable 2ip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33308-4721 33308-4721 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent... BROGAN, FRANCIS B JR. Street Address (P.O. Box Number is Not Acceptable) 515 E LAS OLAS BLVD **SUITE 1500** FT LAUDERDALE FL 33301 Zip Code 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 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE TITLE ☐ Delete AVELLINO, FRANK J. AVELLINO, FRANK J NAME NAME 4750 NORTHENOT ASRD AVENUE STREET ADDRESS STREET ADDRESS 6550 N FEDERAL HWY, STE 240 CITY-ST-ZIP CITY-ST-ZIP FORT LAVOERDALE FL 33308-4721 FT LAUDERDALE FL Addition Change ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete 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 NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PURECTOR

3/4/00

954-776-7141

Daytime Phone #