2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000056572** May 01, 2000 8:00 am Secretary of State TAGAKA INVESTMENTS, INC. 05-01-2000 90491 018 ***150.00 Mailing Address Principal Place of Business 760 NW 77TH AVENUE 760 NW 77TH AVENUE PLANTATION FL 33324 PLANTATION FL' 33324-1445 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 65-0597148 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AARON, ROBERT Street Address (P.O. Box Number is Not Acceptable) 760 NW 77TH AVENUE PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:1.1. OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE Ę., AARON, ROBERT V NAME 13 STREET ADDRESS STREET ADDRESS 760 NW 77TH AVENUE CITY-ST-ZIP E CITY-ST-ZIP **PLANTATION FL 33324** Change Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete TITLE 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ritis tive and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director move ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver or trustee on

all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

9544239417

Daytime Phone #