2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 10, 2000 8:00 am Secretary of State DOCUMENT # **P95000059968** 1. Entity Name 05-10-2000 90175 050 ***150.00 HART INTERNATIONAL GROUP, INC. Principal Place of Business Mailing Address 9770 SOUTH MILITARY TRAIL. SUITE B7-215 9770 SOUTH MILITARY TRAIL, SUITE B7-215 043105 BOYNTON BEACH FL 33436-3207 BOYNTON BEACH FL 33436 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0601224 Not Applicable Country Zip Country Zip \$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 THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 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 (See čriteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE PTD ☐ Oelete TITLE NAME NAME HART, WAYNE ROBERT STREET ADDRESS STREET ADDRESS 9770 SOUTH MILITARY TRAIL, SUITE B7-215 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Delete TITLE ☐ Change Addition **VSD** TITLE NAME NAME HART, JEANEPHER STREET ADDRESS STREET ADDRESS 9770 SOUTH MILITARY TRAIL, SUITE B7-215 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. The like empowered.

FILED

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #