## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000063401** Apr 10, 2000 8:00 am Secretary of State PATRICIA A. FRIED. C.P.A., P.A. 04-10-2000 90055 024 \*\*\*150.00 Principal Place of Business Mailing Address 14340 BEDFORD COURT 14340 BEDFORD COURT FORT LAUDERDALE FL 33325-1220 FORT LAUDERDALE FL 33325 2. Principal Place of Business 140 Stonk orchard Crt DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For Çity & State City & State 4. FEI Number 65-0608428 Not Applicable \$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 C Cit FRIED. PATRICIA A 14340 BEDFORD COURT FORT LAUDERDALE FL 33325 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. 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE TITLE ☐ Delete FRIED, PATRICIA A NAME 2240 Furma Str Orange Park, FC32 NAME 14340-BEDFORD-COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT-LAUDERDALE-FL 33325 CITY-ST-ZIP ☐ Delete TITLE TITLE FRIED, RICHARD I NAME 2240 Purma Str 14340 BEDFORD COURT STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33325 CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE ☐ Defete 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 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADORESS 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:

Patrica A Fried

415100

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