2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000068401 Mar 06, 2000 8:00 am 1. Entity Name **Secretary of State** W.I. 1000 PROPERTY INVESTMENTS CORP. 03-06-2000 90032 019 ***150.00 Mailing Address Principal Place of Business 3500 ISLAND BLVD. C/O MARION LANG 3500 ISLAND BLVD. C/O MARION LANG PH #1 WILLIAMS ISLAND FL 33160-4920 WILLIAMS ISLAND FL 33160 HS 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 65-0626941 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KLEIN, ROBERT G CPA Street Address (P.O. Box Number is Not Acceptable) 2800 S OCEAN BLVD STE 2G **BOCA RATON FL 33432** 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, 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. TITLE Change Addition □ Delete TITLE HOFMANN, THOMAS NAME MARIE C/O MARION LANG, 3500 ISLAND BLVD. PH #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WILLIAMS ISLAND FL CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing de qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true are of the corporation of the receiver or trustee empowered

this report as required by