2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 08, 2000 8:00 am Secretary of State DOCUMENT # P95000083296 1. Entity Name VICMAR SERVICES, INC. 06-08-2000 90003 018 ***150.00 Principal Place of Business Mailing Address 1135 GUERNSEY DR 1135 GUERNSEY DR LAWRENCEVILLE GA 30043 LAWRENCEVILLE GA 30043-7031 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 65-0615900 Not Applicable Zip Country Ζiρ Country \$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 BERNARD, ANTONY Street Address (P.O. Box Number Is Not Acceptable) 16201 S.W. 95TH AVE. SUITE 109 MIAMI FL 33157 Zip Code City 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 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 criteria on back) - 😊 -Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (66/6)Change TITLE Delete TITI F Addition NAME BONNET, VICTOR M NAME CR2E034 STREET ADDRESS STREET ADDRESS 1135 GUERNSEY DR CITY-ST-ZIP CITY-ST-ZIP LAWRENCEVILLE GA 30043 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME BONNET, MARENA STREET ADDRESS STREET ADORESS 1135 GUERNSEY DR CITY-ST-ZIP CITY-ST-ZIP LAWRENCEVILLE GA 30043 Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 supplementarized and draw 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 received or trustee empowered to explute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied changed, or on an attachmen with all oth SIGNATURE: NTED NAME OF SKINING OFFICER OR DIRECTOR

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