2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am DOCUMENT # P9500083330 **Secretary of State** 1. Entity Name S.D. & M. INVESTMENTS, INC. 03-08-2001 90004 037 ***150.00 Principal Place of Business Mailing Address 11905 NW 35TH ST., STE. 5 P.O. BOX 770938 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33077 041101 2. Principal Place of Business 891 NW 109 Temace 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0624427 ORAL SPRINGS Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMONIELLO, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 11905 NW 35TH ST., STE. 5 **CORAL SPRINGS FL 33065** 791. NW 109 TEMACE 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. Smonlello SIGNATURE ed 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, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS TITLE TITLE Delete SIMONIELLO, MICHAEL NAME NAME 891 NW 109 Tensee 11905 NW 35TH ST., STE. 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE SIMONIELLO, RALPH NAME NAME 891 NW 109 TEMACE 11905 NW 35TH ST., STE. 5 STREET ADDRESS STREET ADDRESS CORSUSPRINGS, & 33071 CITY-ST-ZIP **CORAL SPRINGS FL 33065** CITY-ST-ZIP TITLE Delete TITLE Addition SIMONIELLO, CAMILLA NAME NAME 891 NW 109 Terrace 11905 NW 35TH ST., STE. 5 STREET ADDRESS. STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-ZIP CORAL SPRINGS, FL CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the corporation of the corporati changed, or on an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3R2E034 (10/00)