,2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # \_<del>P95000082606</del> 1. Entity Name 03-15-2000 90120 039 \*\*\*150.00 Principal Place of Business Mailing Address 529 S. E. 13th Ave. Deerfield Beach, Fla 33441 B0039012 2. Principal Place of Business 3. Mailing Address <u>529 S.E. 13th Ave</u> Suite, Apt. #; etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Deerfield Beach, Fla 65-0616918 Not Applicable Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 33441 Fee Required\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name K.Jill Silverman Street Address (P.O. Box Number is Not Acceptable) 529 S.E. 13th Ave Deerfield Beach, Fla. 33441 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Alan L. Silverman Pres/Dir Delete TITLE TITLE Change Addition NAME NAME 529 S.E. 13th Ave. STREET ADDRESS STREET ADDRESS Deerfield Beach, Fla. 33441 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Change Addition Kathleen J. Silverman Secy/Treas/D NAME NAME 529 S.E. 13th Ave. STREET ADDRESS STREET ADDRESS Deerfield Beach, Fla. 33441 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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.

ER OR DIRECTOR

Daytime Phone #