2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000095485 Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State BOUNDLESS EQUITIES INC.** 03-27-2000 90094 020 ***150.00 Mailing Address Principal Place of Business 7907 BRIDLINGTON DR. 7907 BRIDLINGTON DR. **BOYNTON BEACH FL 33407** BOYNTON BEACH FL 33437-5060 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0630029 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name APPEL. STEVEN Street Address (P.O. Box Number is Not Acceptable) 7907 BRIDLINGTON DRIVE BRIDLINGTON DRIVE **BOYNTON BEACH FL 33437** 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 HPREI STEVEN SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 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 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 11. OFFICERS AND DIRECTORS 12. TITI F Change Addition TITLE ☐ Delete NAME NAME APPEL, STEVEN STREET ADDRESS STREET ADDRESS 7907 BRIDLINGTON DR. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME APPEL, ALICIA BRIDLINGTON DRIVE STREET ADDRESS STREET ADDRESS 7907 BRIOLLINGTON DRIVE CITY - ST- ZIP CITY-ST-ZIP BOYNTON BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE 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 ☐ Delete TITLE Change Addition TITLE 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 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.

Steven Appel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR