2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Mar 09, 2001 8:00 am Secretary of State **DOCUMENT # P95000095648** ARGO OF SOUTH FLORIDA, INC. 03-09-2001 90472 042 ***150.00 Principal Place of Business Mailing Address 855 EAST PROSPECT ROAD 855 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Busines Box 24704 ROSPECT Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0632206 Not Applicable AUDERDAG Country \$8.75 Additional Certificate of Status Desired 30 Fee Required 3 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DISTEL MELVIN Street Address (P.O. Box Number is Not Acceptable) 855 E PROSPECT ROAD FORT LAUDERDALE FL 33334 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **X** Change ☐ Addition TITLE ☐ Delete TITLE DISTEL DOULLAS NAME DISTEL. MELVIN NAME 4101 NE TO AVE 855 E, PROSPECT STREET ADDRESS 43 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITI F TITLE NAME NAME DISTEL, GENEVIEVE STREET ADDRESS STREET ADDRESS 41001 NE 10 AVE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ Delete TITLE TITI F 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-7IP 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

ELVIN DISTEC