2000 UNIFORM BUSINESS REPORT (UBR)

Jan 13, 2000 8:00 am DOCUMENT # **P96000002867** Secretary of State STEVEN F. SQUIRE, CHARTERED 01-13-2000 90017 034 ***150.00 Principal Place of Business Mailing Address 625 NORTHEAST THIRD AVENUE 625 NORTHEAST THIRD AVENUE FORT LAUDERDALE FL 33304-2617 FORT LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0634904 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SQUIRE, STEVEN F Street Address (P.O. Box Number is Not Acceptable) 625 N.E. 3RD AVE. FT. LAUDERDALE FL 33304 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PSTD ☐ Delete TITLE TITI F NAME SQUIRE, STEVEN F NAME STREET ADDRESS 625 NORTHEAST THIRD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 rule, 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 report of Truste employee of the 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 attack used with an edgless, with all other like ap powered.

SIGNATURE+

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR

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