2000 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P96000012201** DIROCCO, DOMBROW & ASSOCIATES, P.A. 01-25-2000 90089 034 ***150.00 Principal Place of Business Mailing Address 3601 WEST COMMERCIAL BLVD. 3601 WEST COMMERCIAL BLVD. овост. SUITE #22 SUITE #22 FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-3320 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0640542 Not A. ... Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIROCCO, RAYMOND M Street Address (P.O. Box Number is Not Acceptable) 3601 W. COMMERCIAL BLVD. SUITE #22 FT. LAUDERDALE FL 33309 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. 12. DP ☐ Delete Change ☐ Addition TITLE DIROCCO, RAYMOND M NAME NAME STREET ADDRESS STREET ADDRESS 3601 W. COMMERCIAL BLVD. #22 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Change ☐ Additior ☐ Delete TITLE TITLE DOMBROW, ALLAN B NAME NAME STREET ADDRESS STREET ADDRESS 3601 W. COMMERCIAL BLVD. #22 CITY-ST-7/P CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additior ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:

6MBR0W

FILED

1-17-00 954.731.818/