Sent By: Law Office Wiliam H. Batallas; 954 987 1308 ; Jul-25-01 5:02PM; Page 3/4

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017721

1. Entity Name

COURTNEY'S, INC. (AMENDED UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -1 AM 9:39

Principal Place of Business	Mailing Address
1805 NORTH DIXIE HIGHWAY POMPANO BEACH, FLORIDA 33060	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1805 N. Dixie Highway	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach, FL	City & State:
Zip: 33060 Country: U.S.	Zip: Country:

4. FEI Number: 65-0644775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGO PASTER 715 N. BEL AIR DRIVE PLANTATION, FLORIDA 33317	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST TRACY BAMBACH 8801 WILES ROAD, CORAL SPRINGS, FL 33067 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDC ALEX OMIDI 2501 S. OCEAN DR., #624, HOLLYWOOD, FL 33019 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004533925--1 -08/14/01--01048--031 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change SP ☐ Addition

CR2E034 (11/00)

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.

SIGNATURE: Tracy Bambach July 24 2001 (954) 255-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #