2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000031797 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name DC-10 DEVELOPMENT CORP. 04-05-2000 90096 019 ***150.00 Principal Place of Business Mailing Address 100 NORTH BISCAYNE BLVD. #1707 100 NORTH BISCAYNE BLVD. #1707 MIAMI FL 33132 MIAMI FL 33132-2308 3. Mailing Address 2. Principal Place of Business 322 OREGON ST 322 OREGON ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3393690 HOLLYWOOD, HOLLYWOOD, FLNot Applicable ^{Zip} 33019 Country Country \$8.75 Additional **3**3019 5. Certificate of Status Desired U.S.A. U.S.A. Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERGER, DAVID S Street Address (P.O. Box Number is Not Acceptable) 100 NORTH BISCAYNE BLVD. #1707 **MIAMI FL 33132** City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. 11. PD Change Addition TITLE ☐ Delete TITLE 322 OREGON ST RHOSSARD, ANTONIO C NAME HOLLYWOOD, FL 33019 STREET ADDRESS STREET ADDRESS 1055 SATIN LEAF ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 SD Change Addition TITI F Delete TITLE 322 OREGONST RHOSSARD, CLAUDIA NAME NAME HOLYWOOD, FL 33019 STREET ADDRESS 1055 SATIN LEAF ST STREET ADDRESS CITY-ST-ZIP CITY-ST-78P HOLLYWOOD FL 33019 ☐ Delete Change ☐ Addition TITLE TITLE NAME NÀME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3-09-00 (954-920-0490)

Daytime Phone #

Change

Addition