2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000033749** Mar 06, 2000 8:00 am Secretary of State UNIVERSAL CARTRIDGE COMPANY 03-06-2000 90026 022 ***150.00 Principal Place of Business Mailing Address 302 NW 69TH AVE 302 NW 69TH AVE SHITE 158 **SUITE 158** PLANTATION FL 33317 PLANTATION FL 33317-2333 2. Principal Place of Business 3. Mailing Address IYZI NE 13 Aue 1421 NE 13ALE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0677595 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ___ 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SINGER, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 4700 SHERIDAN STREET, SUITE B HOLLYWOOD FL 32301 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. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS Addition PD ☐ Delete Change TITLE NAME HODBY, JUDD NAME STREET ADDRESS STREET ADDRESS 3027 W 69TH AVE #158 CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33317** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -Addition . _ Delete Change 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICE