2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000037470

SIGNATURE

N. DELIGNY, INC.

Principal Place of Business

Mailing Address

/OO E DANIA BCH BLVD #202 FL 33004

700 E DANIA BCH BLVD #202 DANIA FL 33004-3031

3. Mailing Address 2. Principal Place of Business

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90161 030 ***150 00

00079892

DATE



Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65-0664370	Applied For Not Applicable	
Zip	Country	Zip	Country	Country 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
VIVIES, PATRICK 700 E DANIA BCH BLVD #202 DANIA FL 33004			Street Add	Street Address (P.O. Box Number is Not Acceptable)		

(NOTE: Registered Agent signature required when reinstating)

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.

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

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE NAZET. MARIE HELENE NAME 1350 RIVER BEACH DR #311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33315 CITY-ST-ZIP ☐ Addition ☐ Change 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 ☐ Change ☐ Addition ☐ Delete 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.21.00 9545225824