2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am DOCUMENT # P960000 45594~ · Secretary of State HOME SWEET HOME 05-03-2001 90987 021 ***150 00 Fort-LauderdalE, INC Principal Place of Business - FormEr Mailing Address - Former 14401 Sp. Military Trail 14401 Smillary trail Deiray Beach, Fl C0058745 Delray Beach Fli 33484 3. Mailing Address - NEW 2. Principal Place of Busines 15874 Vivanco Str 15874 <u>Vivanco Str</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number selray Beach Blach Delray <u> 65070</u>7197 Not Applicable \$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 MOSHE Karp moshe Karp Street Address (P.O. Box Number is Not Acceptable) 14401 So, military Trail Delray Blach Fi 33484 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 7/D Change ☐ Addition TITLE TITLE D/D ☐ Delete NAME NAME Toua karp moshe Karp 15874 Vivanco Str STREET ADDRESS rattor so military Trail -Delray Beach F1 33484 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Stolarczuk, upo NAME moshe karp 15874 VIVANCOSTY 877 Sand Creek Cir STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33327-1203 CITY-ST-ZIP Delray Beach Fl. VP/0 Addition Toua karp NAME NAME 14401 50 military trail STREET ADDRESS STREET ADDRESS Delray Beach Fl 33484 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE - Change - Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: ar SIGNATURE AND TYPED OR PRINTE