2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ワ

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P96000050140 1. Entity Name 02-09-2001 90228 023 \*\*\*150.00 LISTY, INC. Principal Place of Business Mailing Address 3429 HIATUS ROAD 3429 HIATUS ROAD SUNTRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FFI Number 65-0680910 Not Applicable Zip 7io Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City FL 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 .-9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00<sub>May</sub> Be Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 -Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) **PSTD** ☐ Addition TITLE ☐ Datete AHMED, LISTIA N MASKE NAME STREET ADDRESS STREET ADDRESS 3429 HIATUS ROAD CITY-ST-ZIP CITY-ST-7IP SUNRISE FL 33351 Oelete TITLE Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ☐ Delete ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TILE ☐ Delate 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 Change ☐ Addition TITLE ☐ Dalete DILE NAME NAME STREET ADDRESS STREET ADORESS 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 of 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.

NG OFFICER OR DIRECTOR