## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P96000065547** 1. Entity Name CONNECT AD OF SOUTH FLORIDA, INC. 05-16-2000 90796 038 \*\*\*150.00 Principal Place of Business Mailing Address 1000 W MCNAB R D. SUITE 236 1000 W MCNAB R D. SUITE 236 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0682303 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 COLONY, JOHN D 1000 W MCNAB RD **STE 236** POMPANO BCH FL 33069 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. TITLE michael A. Bhatt SAUNDERS, RUTH A NAME STREET ADDRESS STREET ADDRESS 1000 W MCNAB RD CITY-ST-7IP CITY-ST-ZIF POMPANO BEACH FL 33069 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

☐ Addition

Daytime Phone #