2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000069354 DREW DIVERSIFIED INC Principal Place of Business. Mailing Address 10400 SW 49 MANOR 4491 ANGLERS AVE COOPER CITY FL 33328-3319 **DANIA FL 33312** US 2. Principal Place of Business 3. Mailing Address 1309 SW 21ST TERR Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90218 008 ***150.00



DO NOT WRITE IN THIS SPACE

CE_OZOGCOE

Applied For

FORT LANDERDALE FL Zip 3 3 3 12 Country Country 5. Certificate of Status Desired Fee Required Fee Required 7. Name and Address of New Registered Agent Name DREW, ANNE F 10400 SW 49 MANOR COOPER CITY FL 33328 City Tountry 5. Certificate of Status Desired Fee Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	LANDERT	ORT L	DERDALE FL				00707020	000	No	t Applicable
6. Name and Address of Current Registered Agent Name DREW, ANNE F 10400 SW 49 MANOR COOPER CITY FL 33328 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)	312	Zip 3331	Country US	Zip	Country	5. 0		d 🔲		
DREW, ANNE F 10400 SW 49 MANOR COOPER CITY FL 33328	6. Name a		. Name and Address of Current I	Registered Agent		7. N	ame and Address of Nev	w Registered	Agent	
10400 SW 49 MANOR COOPER CITY FL 33328	<u> </u>	-			Name					
10400 SW 49 MANOR COOPER CITY FL 33328	REW. ANNE F	DRE\	INNE F	Street Add	Street Address (P.O. Box Number is Not Acceptable)					
				Sileet Addi						
City FL Zip Code	OOPER CITY FL	C00	I CITY FL 33328		J					
City . FL 2ip code									Zio Cod	
l					City			. FL	= Zip Cook	5
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.	ove named entity s	R The above	ed entity submits this statement for	the purpose of changing its r	realstered office or re	gistered age	ent, or both, in the State of	Florida.		
6. The above harried driving data file data file in a parpose of orderiging its registered and a registered	ove number office,	o. The above	ed oriety debrine tind statement is	the purpose of energing its	ogration of the	9.0.0.0.	,			
	_									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE	Signature, typed or	SIGNATURE .	ture, typed or printed name of registered agent a	and title if applicable. (NOTE.	. Registered Agent signature r	equired when re	instating)	DATE		
					. PEF 10 44-5-					
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 The file of the	• · · · · · · · · · · · · · · · · · · ·				•	.00				
							Trust Fund Contribu	ution. {	☐ Added	I to Fees
			<u> </u>				DITIONE (CLIANICES TO (DECICEDE ANI	D DIRECTOR	C IN 11
	l on					AD	DITIONS/CHANGES TO C	JEFICERS AIN		Addition
DEPARTMENT				∟ Delete	I 1				change	LI Addition
			•							
10100 Ott 10 Italiani										
OCCITION TE										Addition
DOCK A P	1	l.		☐ Delete					Grange	Addition
	,		•		· · · · · · · · · · · · · · · · · · ·					
STREET ADDRESS 10400 SW 49 MANOR CITY-ST-ZIP COOPER CITY FL 33327 CITY-ST-ZIP								•		
	COUPER C		JOPEN CITT PL 33327		-				- Change	Addition
111.E			-	L.J Delete					Change	Addition
NAME NAME STREET ADDRESS STREET ADDRESS	E90				i					
CITY-ST-ZIP CITY-ST-ZIP	133									
						·· ···	_ 		Change	Addition
TITLE CHANGE AND CHANG				☐ Uelete						
STREET ADDRESS STREET ADDRESS	FSS				1					
CITY-ST-ZIP										
					TITLE				Change	Addition
NAME NAME		i		☐ Delete						
STREET ADDRESS STREET ADDRESS	ESS									
CITY-ST-ZIP CITY-ST-ZIP										
TITLE Delete TITLE Change Ad		TITLE		□ Delete	TITLE			 	Change	☐ Addition
NAME NAME				_ Delete						
STREET ADDRESS STREET ADDRESS	ESS									
CITY-ST-ZIP 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	by certify that the	13. 1 hereby 0	y that the information supplied with	this filing does not qualify for	the exemption stated	in Section	119.07(3)(i), Florida Statut	es. I further ce	ertify that the i	nformation

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

954316 1933

Daytime Phone #