## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P96000075000 Jun 09, 2000 8:00 am Secretary of State ON THE ROAD TO FLORIDA, INC. 06-09-2000 90012 045 \*\*\*158.75 Principal Place of Business Mailing Address 3237 CORAL RIDGE DRIVE 3237 CORAL RIDGE DRIVE CORAL SPRINGS FL 33065-3174 CORAL SPRINGS FL 33065 3. Mailing Address 3940 N.W. 108 TH AVENUE 2. Principal Place of Business 3940 N.W. 108 TH AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State SPRINGS, 65-0691772 Not Applicable Country USA \$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 REYES, HECTOR F 3237 CORAL RIDGE DRIVE CORAL GABLES FL 33065 33065 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PTD TITLE TITLE Delete HECTOR F. REYES NAME REYES. HECTOR F STREET ADDRESS STREET ADDRESS 3237 CORAL RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE Delete TITLE HECTOR G. REVES NAME REYES, HECTOR G NAME 3940 N.W. 168TH AVENUE STREET ADDRESS STREET ADDRESS 3237 CORAL RIDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete TITLE TITLE Critici beautice : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE 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 In this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the in indicated on this report or suppler of the corporation or the received changed, or on an attackment with

06/01/00