2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000079569** Apr 29, 2000 8:00 am Secretary of State CPS HOLDINGS, INC. 04-29-2000 90094 001 ***300.00 Principal Place of Business Mailing Address 7601 N FEDERAL HWY 7601 N FEDERAL HWY A-225 BOCA RATON FL 33487 **BOCA RATON FL 33487-1650** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0706334 Not Applicable Zip Zip 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 SULLIVAN, MICHAEL J SR. Box Number is Not Acceptable 2514 HOLLYWOOD BLVD-SUITE 305 -HOLLYWOOD FL 33020> 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 DATE Signature, typed or printed name 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE SULLIVAN, MICHAEL J SR NAME NAME STREET ADDRESS 7601 N FEDERAL HWY STE A225 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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:

MACHAEUN SUM WAS DESIGNING OFFICER OR DIRECTOR

4-18-80 Jb1-181-1416