2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000090728 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** BOBMINT, INC. 03-24-2000 90064 048 ***150.00 Principal Place of Business Mailing Address 1940 HARRISON ST 1940 HARRISON ST STE 300 STE 300 UUU 4 4 7 7 7 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-5073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0704825 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOSSIN. ROBERT Street Address (P.O. Box Number is Not Acceptable) 285 N.W. 199TH STREET SUITE 210 **MIAMI FL 33169** Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANTIN-SEGAL, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 1940 HARRISON ST STE 300 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Robert Muntin TITLE TITLE Robert Mantin V. Pres NAME 1940 Horrison ST #300 STREET ADDRESS STREET ADDRESS Hollywood, 12 33000 □ Change 1940 + Horison 55 #300 CITY-ST-ZIP CITY-ST-ZIP Jerm Mintz TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does nor 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 vustee 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.13.00 Date