2000 UNIFORM BUSINESS REPORT (UBR)

May 19, 2000 8:00 am Secretary of State DOCUMENT # **P96000099468** 1. Entity Name PVR-BASC, CORP. 05-19-2000 90046 023 ***158.75 Principal Place of Business Mailing Address 936 NW 1ST STREET 936 NW 1ST STREET C/O ROBERT CARMICHAEL FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311-8902 3. Mailing Address 940 NW ISTST 2. Principal Place of Business CO ROBERT CARMICHAEL Suite, Apt. #, etc. Suite, Apt. # etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0717057 FORT LAUDEADALE Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired 33311 Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent-CARMICHAEL, ROBERT MANUEL Street Address (P.O. Box Number is Not Acceptable) 940 NW 1ST ST. FORT LAUDERDALE FL 33311 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** □ Delete TITLE PISD_ . - Addition CARMICHAEL, ROBERT MANUEL NAME NAME 936 NW 1ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

ARMICHAEL

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED