2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000004354 Jan 27, 2000 8:00 am 1. Entity Name **Secretary of State** BERNARD COOK ENTERPRISES, INC. 01-27-2000 90024 015 ***150.00 Mailing Address Principal Place of Business 2050 NE 39TH ST #308S 2050 NE 39TH ST #308S LIGHTHOUSE POINT FL 33064-7456 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0721714 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COOK, BERNARD Street Address (P.O. Box Number is Not Acceptable) 2050 NE 39TH ST #308S **LIGHTHOUSE POINT FL 33064** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE Change TITLE NAME COOK, BERNARD STREET ADDRESS STREET ADDRESS 2050 NE 39TH ST #308S CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Change ☐ Addition Delete TITLE TITLE COOK, PHYLLIS NAME STREET ADDRESS STREET ADDRESS 2050 N.E. 39TH ST, 308S CITY-ST-7IP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 Change ☐ Addition 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 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 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

1-17-2000

954-941-7318

Daytime Phone #