2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000015401** Mar 16, 2000 8:00 am Secretary of State F.C. CONSULTING SERVICES, INC. 03-16-2000 90068 020 ***150.00 Principal Place of Business Mailing Address 7460 SW 130TH ST 7460 SW 130TH ST MIAMI FL 33156-5366 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0732348 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKS, LARRY D Street Address (P.O. Box Number is Not Acceptable) 7460 SW 130TH ST MIAMI FL 33156 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TIT! F ZERWICK, FREDERICK P ZERWICK, FREDERICK P NAME 19 DOESKIN PLACE STREET ADDRESS 6540 SW 145TH ST STREET ADDRESS 77381 THE WOODLANDS, TX CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33158** ☐ Addition Change ☐ Delete TITLE 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 Change ☐ Addition ☐ Delete TITLE TITLE 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

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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