2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # **P97000018007** Apr 24, 2000 8:00 am Secretary of State 1. Entity Name AV 8, INC. 04-24-2000 90046 034 ***150.00 Principal Place of Business Mailing Address 5401 NW 15TH AVE. SACE NW 15TH AVE FT. LAUDERDALE FL 33309-2730 FT. LAUDERDALE FL 33309 L0070367 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0735845 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZIMMER, CORWIN J Street Address (P.O. Box Number is Not Acceptable) 5401 NW 15TH AVE. FT. LAUDERDALE FL 33309 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition CR2E034 (9/99 TITLE ☐ Delete TITLE NAME NAME ZIMMER, CORWIN J STREET ADDRESS STREET ADDRESS 5401 NW 15TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Addition ☐ Change Delete TITLE TITLE NAME BOICH, WAYNE STREET ADDRESS STREET ADDRESS 5401 NW 15TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 upplemental 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 ever 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 indicated on this report or softhe corporation or the reco