2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DÓCUMENT # P97000020997 1. Entity Name T.J. RONDI CORPORATION 01-25-2000 90060 009 ***150.00 Principal Place of Business Mailing Address 1910 NW 79 TERRACE 1910 NW 79 TERRACE MARGATE FL 33063-6801 MARGATE FL 33063 UUUUGTJA 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0736444 Not A. Country Country ____ Zip _ \$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 RONDI, TONY Street Address (P.O. Box Number is Not Acceptable) 1910 NW 79 TERRACE MARGATE FL 33063 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. Additio Change Delete TITLE NAME NAME RONDI, TONY STREET ADDRESS STREET ADDRESS 1910 NW 79 TERRACE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Change Additio. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME 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. I hereby 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 OF