2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 16, 2000 8:00 am Secretary of State DOCUMENT # **P97000024967** 1. Entity Name TARDOT REALTY & INVESTMENTS, INC. 03-16-2000 90005 006 ***150.00 Principal Place of Business Mailing Address 321 SOUTHEAST 15TH AVENUE 321 SOUTHEAST 15TH AVENUE FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301-2366 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0755950 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -MURRAY, DAVID G ESQ. Street Address (P.O. Box Number is Not Acceptable) 321 SOUTHEAST 15TH AVENUE FORT LAUDERDALE FL 33301 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) DATE 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 X (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change ☐ Addition CR2F034 (9/99 TITLE Delete TITLE TURCHIN, LESLIE S NAME NAME STREET ADDRESS 536 COCONUT ISLE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP ■ Addition ☐ Delete Change TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IA CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Сhange ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attackment with an address, with all effect like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

LESLIE S. TURCHIN

3/3/00

Daytime Phone #