2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P97000030122 Feb 02, 2000 8:00 am **Secretary of State** FOUR STAR REALTY INVESTMENTS, INC. 02-02-2000 90110 032 ***150.00 Mailing Address Principal Place of Business 3500 PARK CENTRAL BLVD 3500 PARK CENTRAL BLVD N POMPANO BEACH FL 33064-2235 N POMPANO BEACH FL 33064 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 65-0768410 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 Name KAYE & ROGER, P.A. Street Address (P.O. Box Number is Not Acceptable) ATTN: ROBERT KAYE 6261 NW 6TH WAY, SUITE 103 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 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 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) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE Delete TITLE MAME NAME PORES, TODD STREET ADDRESS STREET ADDRESS 3500 PARK CENTRAL BLVD CITY-ST-7/P CITY-ST-ZIP N POMPANO BEACH FL 33064 Addition Change ☐ Delete TITLE TITLE NAME NATALE, JOHN N JR STREET ADDRESS STREET ADDRESS 3500 PARK CENTRAL BLVD CITY-ST-ZIP CITY-ST-ZIP N POMPANO BEACH FL 33064 Addition 🔲 Delete TITLE NAME____ NAME ALLEN, DANIEL -- -STREET ADDRESS STREET ADDRESS 3500 PARK CENTRAL BLVD CITY-ST-ZIP CITY-ST-ZIP N POMPANO BEACH FL 33064 Change Addition ☐ Delete TITLE TITLE NAME NAME LARATRO, TOM STREET ADDRESS STREET ADDRESS 3500 PARK CENTRAL BLVD CITY-ST-ZIP CITY-ST-ZIP N POMPANO BEACH FL 33064 TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #