2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P97000038748** R.E. STEWART ASSOCIATES, INC. 04-21-2000 90119 030 ***150.00 Mailing Address Principal Place of Business 1160 MANOR COURT 1160 MANOR COURT WESTON FL 33326-2817 WESTON FL 33326 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0755302 Not Applicable 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 STEWART, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1160 MANOR COURT WESTON FL 33326 Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Change ☐ Delete TITLE STEWART, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 1160 MANOR COURT CITY-ST-ZIP CITY-ST-7IP WESTON FL 33326 Change ☐ Addition TITLE Delete TITLE **HUGHES, ENRIQUE** NAME NAME STREET ADDRESS STREET ADDRESS 13242 SW 103 PLACE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33176 ☐ Addition Delete TITLE ----, Change TITLE ALTER, NICHOLAS NAME NAME STREET ADDRESS 19322 NW 11TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Change ☐ Addition Delete TITLE CARAGHIAUR, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 220 SE 12TH COURT CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OFFICER OR DIRECTOR

4/13/00

(454)298-1172

Daytime Phone #