2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P97000040217 May 19, 2000 8:00 am 1. Entity Name Secretary of State 6770 INVESTMENT CORP. 05-19-2000 90076 019 ***150.00 Principal Place of Business Mailing Address 6770 COLLINS AVE. 100 ANCHOR DR MIAMI BEACH FL 33141 #485 KEY LARGO FL 33037-5277 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0752951 Not Applicable \$8.75 Additional Country 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 SPORT, WILLIAM Street Address (P.O. Box Number is Not Acceptable) -100 ANCHOR DR #4085 KEY LARGO FL 33037 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TIT) F SPORT, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 100 ANCHOR DR #485 CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition ☐ Change ☐ Delete TITLE GENTILE, ANDREA NAME STREET ADDRESS 28 B MARTIN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... KEY LARGO FL 33037 ☐ Change ☐ Addition VPD ☐ Delete TITLE TITI F SPORT, BRENDA NAME 100 ANCHOR DR #485 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY LARGO FL 33037** ☐ 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 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.