2000 Uniform Business Report (UBR) FILED P9700049943 DOCUMENT # Apr 23, 2000 8:00 am Cliff Properties, Inc. **Secretary of State** Mailing Address AHA! Kannie 140605, JI 04-23-2000 90017 025 ***158.75 Principal Place of Business PO BOY 190463 Cliff property Ft. Lauder dole, Fl 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State
M; Gm; City & State FA Volar Sale, FI 65-0806635 Not Applicable \$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 Ilina NemTsw , Esa Starke 7020 N.E 16318 Street, STC 300 N. Miami, Beach, F1 33162 Street Address (P.O. Box Number is Not Acceptable) 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE fisident **Addition** TITLE **Delete** flanklin R. Troup, Tr. Kennie Hobbs, Tr. 8462 Nw 34 manor NAME NAME STREET ADDRESS 5022 Sim. 59th STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete NAME NAME 74ty-NW-3-1-60U1+ STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP SUN lise, CITY-ST-ZIP ☐ Delete TITLE TITLE stephaine c. mike NAME NAME NW 47 Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Lauderedgle Lakes fl ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F TITLE ☐ Delete 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: