2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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DOCUMENT # **P97000054757** Jan 22, 2000 8:00 am **Secretary of State** PERSHING INVESTMENTS, INC. 01-22-2000 90020 034 ***150.00 Mailing Address Principal Place of Business 3663 NW 21ST STREET 3663 NW 21ST STREET MIAMI FL 33142-6809 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0766687 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZANI, IVONNE INVESTREMS, INC C/O PERSHING INVESTMENTS, INC MREET -2300 EAST LAS OLAS BLVD FORT LAUDERDALE FL 33301 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. DATE (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME ANTONELLI, TILLI 72 7215 WK EBBE STREET ADDRESS STREET ADDRESS 2300 E LAS OLAS BLVD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Addition ☐ Delete TITLE TITLE NAME NAME FRATERNALE, FABIO STREET ADDRESS STREET ADDRESS 2300 E LAS OLAS BLVD CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete TITLE ZANI: IVONNE NAME NAME STREET ADDRESS STREET ADDRESS 2300 E LAS OLAS BLVD CITY-ST-ZIP FORT_LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition - Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS or tre examplion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information truy signature shall have the came legal effect as if made under oath; that I am an officer or director rt as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. Thereby certify that the information supplied with his filing does not qualify indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee employered to execute this report a changed, or on an attachment with an address with all other like empowered.