2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 28, 2001 8:00 am Secretary of State DOCUMENT # **P97000067080** 1. Entity Name POWER PLAY PROPERTIES, INC. 04-28-2001 90092 018 ***150.00 Principal Place of Business Mailing Address 5580-S.R. 524 4800 SW 195 TERR FORT LAUDERDALE FL 33332 COCOA FL 32926 COUDDIAND US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0810954 Not Applicable Zip Country Zip 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 DUKE, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 4800 SW 195TH TERRACE FORT LAUDERDALE FL 33332 Zip Code City 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 (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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PD TITLE □ Delete TITLE DUKE, DANIEL A JR NAME NAME STREET ADDRESS STREET ADDRESS 4800 SW 195 TERR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33332 Change ☐ Addition Delete TITLE TITLE DUKE, GERALD W NAME NAME STREET ADDRESS STREET ADDRESS 18420 NW 78 AVENUE CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33015 ☐ Change Addition ☐ Delete STD TITLE TITLE NAME NAME MAIRE, JOHN L STREET ADDRESS STREET ADDRESS 13102 CORONADO LANE CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33181 ☐ Addition Change ☐ 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 Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if her like empowered. applied with this filing 13. I hereby certify that the information s indicated on this report or supplement of the corporation or the regeiver or to tal report is of the corporation or the red empo changed, or on an attachment with a