## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # P97000072158 1. Entity Name HWY 31 INVESTMENTS, INC. 04-28-2000 90069 023 \*\*\*158.75 Principal Place of Business Mailing Address 6221 W ATLANTIC BLVD 6221 W ATLANTIC BLVD MARGATE FL 33063-5128 MARGATE FL 33063 838456 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0776119 Not Applicable \$8.75 Additional Zip 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 **QURESHI, DENISE** Street Address (P.O. Box Number is Not Acceptable) '3101 N-FEDERAL-HWY-#504 -FORT-LAUDERDALE FE-33306 Zip Code, 33063 Margate 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 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 Change ☐ Delete TITLE **DPST** TITLE NAME QURESHI, DENISE A NAME STREET ADDRESS STREET ADDRESS 6221 W ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Change Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Lanisa

NAME STREET ADDRESS

Denise Questi Denise Questi

4-20-00

954-977-9728

Daytime Phone