2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000084463 Apr 13, 2000 8:00 am Secretary of State POINT OF SALES, INC. 04-13-2000 90065 040 ***150.00 Principal Place of Business Mailing Address 2811 FAIRWAY DR 2811 FAIRWAY DR HOLLYWOOD FL 33021-2936 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0788642 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOFFMAN, GERALD DR. Street Address (P.O. Box Number is Not Acceptable) 2811 FAIRWAY DR HOLLYWOOD FL 33021 Zip Code City FL 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) 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 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition D ☐ Delete TITI F TITLE HOFFMAN, GERALD DR. NAME NAME STREET ADDRESS STREET ADDRESS 2811 FAIRWAY DR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change TITLE ☐ Addition ☐ Delete NAME NAME HOFFMAN, DIANE STREET ADDRESS STREET ADDRESS 2811 FAIRWAY DR CITY-ST-ZIP -CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE NAME MORGANSTINE, JEFFREY NAME STREET ADDRESS STREET ADDRESS 2811 FAIRWAY DR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition TITLE ☐ Delete TITLE NAME THOMAS, LISA STREET ADDRESS STREET ADDRESS 2810 N 34TH AVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 of 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