2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # P97000090511 May 11, 2000 8:00 am Secretary of State 3RD MARY, INC. 05-11-2000 91422 007 ***150.00 Principal Place of Business Mailing Address 17051 NW 20TH ST 17051 NW 20TH ST PEMBROKE PINES FL 33028-2028 PEMBROKE PINES FL 33028 2. Principal Place of Business 3. Mailing Address 2017 NE 2 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0794443 Not Applicable Jewsen I ense Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 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) П Make Check Payable to Department of State TADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. HUNTER Kelly B Delete TITLE TITLE NAME NAME HUNTER, KELLY B STREET ADDRESS STREET ADDRESS 17051 NW 20TH ST CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Addition TITI F Delete TITLE NAME HUNTER, MARY A NAME STREET ADDRESS STREET ADDRESS 17051 NW 20TH ST CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME: MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLÈ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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