2000 UNIFORM BUSINESS REPORT (UBR)

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ent with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P97000097048 1. Entity Name PURE AIR PRODUCTS, INC. 04-17-2000 90008 001 ***150.00 Mailing Address Principal Place of Business 2840 N.E. 14TH STREET 28m N.E. 14TH STREET POMPANO BEACH FL 33062-3614 BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0806195 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MELVILLE, DANIEL Street Address (P.O. Box Number is Not Acceptable) 2840 N.E. 14TH STREET., APT 202A POMPANO BEACH FL 33062 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 ☐ Addition Change TITLE ☐ Delete MELVILLE, DANIEL NAME ··· vinneedd 2840 N.E. 14TH STREET STREET ADDRESS CITY-ST-ZIP ST-ZIP POMPANO BEACH FL 33062 ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS 27 23 CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS ADDDEÇÇ CITY-ST-ZIP ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS ADDRESS CiTY-ST-ZIP I hereby certify that the information supplied with this filling 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

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