2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P97000098340** ALAN R. THOMAS P.A. 04-17-2000 90078 008 ***150.00 Mailing Address Principal Place of Business P.O. BOX 7100 2445 HOLLYWOOD BLVD. V6032143 MIAMI BEACH FL 33154 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 20801 Biscarne Blud DO NOT WRITE IN THIS SPACE Swite 403 Cay & State Aventura, FL Applied For 4. FEI Number 65-0795898 Not Applicable \$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 homas THOMAS, ALAN R 2445 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 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. oma SIGNATURE 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 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. TITLE TITLE ☐ Delete 20801 Biscayne Blvd. # 403 Aventura, FL 33180 THOMAS, ALAN NAME STREET ADDRESS STREET ADDRESS 2445 HOLLYWOOD BLVD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition 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 ☐ Delete ☐ Change ☐ Addition TITLE. 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 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 President 4-10-00 305-865-

SIGNATURE: