## 2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered

SIGNATURE:

## Mar 24, 2000 8:00 am DOCUMENT # P97000099611 Secretary of State CAMAFE, INC. 03-24-2000 90116 036 \*\*\*150.00 Principal Place of Business Mailing Address 1318 LAFAYETTE STREET 1318 LAFAYETTE STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904-9770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0796450 Not Applicable \$8.75 Additional Zip Country 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 HILL, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE STREET CORAL GABLES FL 33134 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE FEVRIER. MARCEL STREET ADDRESS 1318 LAFAYETTE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 [ ] Change Addition TITLE ☐ Delete NAME FEVRIER, MARIA D NAME STREET ADDRESS 1318 LAFAYETTE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☐ Addition ☐ Delete TITLE FEVRIER, GEMA NAME NAME STREET ADDRESS 1318 LAFAYETTE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition ☐ Delete ☐ Change TITLE TITLE HILL, THOMAS W NAME NAME STREET ADDRESS 1318 LAFAYETTE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change Addition TITLE ☐ De!ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ De!ete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

Thomas W. Hill 3-21:00

FILED