2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 30, 2000 8:00 am Secretary of State DOCUMENT # **P97000105928** SED DEVELOPMENT, INC. 03-30-2000 90061 047 ***150.00 Mailing Address Principal Place of Business 10704 AVENIDA SANTA ANA 10704 AVENIDA SANTA ANA BOCA RATON FL 33498-6715 **BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0807148 Not Applicable Country Zip Country \$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 STIVIN W. DRUTSCH DEUTSCH, STEVEN W Street Address (P.O. Box Number is Not Acceptable) 800 PETERS RD PLANTATION FL 33324 8. The above named entity submit 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) 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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. VD Change ☐ Addition PD ☐ Delete TITLE TITLE Merry Deutsch DEUTSCH, MERYL NAME NAME 7039 Manderin Orive STREET ADDRESS STREET ADDRESS 7039 MANDARIN DR Buia Ruton FL 33334 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33334** Addition Change ☐ Delete TITLE TITLE Steven W. DWKCh NAME NAME STREET ADDRESS 7805 SW 6th Ct. STREET ADDRESS CITY-ST-ZIP Plantation FL CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

HONE REQUIRED SYMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR