2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # P9800000510 1. Entity Name AIDA PROPERTIES CORP. 01-21-2000 90016 047 ***150.00 Principal Place of Business Mailing Address 4040 DEL PRADO BOULEVARD P.O. BOX 1508 CAPE CORAL FL 33910-1400 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address P. C. Bex 101508 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL APPLIED FOR Not Applicable ᠐Ŷ᠋᠒ᠪ᠀ᡒ᠖ \$8.75 Additional 5. Certificate of Status Desired 335c4 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEELD, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 4040 DEL PRADO BLVD CAPE CORAL FL 33904 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NEELD, ROBERT M TITLE ☐ Delete TITLE Change Addition NAME NAME 4040 DEL PRADO BOULEVARD 1426 SE 4414 SI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete (Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 optrustee 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.

10 Jan oc