2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR I

FILED May 20, 2000 8:00 am Secretary of State DOCUMENT # **P98000002909** MILLER, KLENDWORTH + ASSOCIATES, INC. 05-20-2000 90001 008 ***150.00 Principal Place of Business Mailing Address 2443 SUNDY AVE 2443 SUNDY AVE DELRAY BEACH FL 33444-2127 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0795956 Not Applicable Zip Country \$8.75 Additional .Zip Country. 5. 'Certificate of Status Desired 9 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, BARBARA Street Address (P.O. Box Number is Not Acceptable) 2443 SUNDY AVE **DELRAY BEACH FL 33444** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 11. 12. Addition CR2E034 (9/99 ☐ Delete Change TITLE TITLE MILLER, BARBARA NAME STREET ADDRESS 2443 SUNDY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete 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 changed; or on an attachment with an address, with all other like empowered.

4/27/00 hon it May obcern: lease _reflect Maro See encloses certiticate Thank you,

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#198800002909 846<u>343</u>

(STATE FILE NUMBER)

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clark, Circuit or County Court, appears thereon. Apr-01-1999 89:25am 99-129417 ORB 11020 Pg 64 DOROTHY H. WILKEN, CLERK PB COUNTY, FL

STATE OF FLIR DA - PALM BEACH COUNTY THEREBY DEFT FY THAT THE FOREGOING IS

DORY 45 FILED IN

DOPOTHY H. WILKEN

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MY OFFICE OTL

99-000256 S

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(APPLICATION NUMBER)											
		API	PLICATION	TO MAR	RRY			<u> </u>			
1. GROOM'S NAME (First, Mice MARK ATW	· . ••					JUN 28 1965					
32 RESIDENCE - CITY, TOWN DELRAY B	36. COUNTY PALM BEACH		3c. STATE FL				4. BIRTHPLACE (State or Foreign Country)				
Se. BRIDE'S NAME (First, Middle, Lest) BARBARA LEE MILLER				Sb. MAIDEN SURNAME (If different) N/A			0	6. DATE OF BIRTH (Month, Day, Year) NOV 06 1965			
7 RESIDENCE - CITY, TOWN	75. COUNTY PALM BRACH		7c. STATE FL			<u></u>	8. BERTHPLACE (State or Foreign Country) NY				
روزورد وازروزور	ON THE DE	PUCANTS NAMED IN ECORD IS CORRECT ISSUANCE OF A LICE full name using black	TO THE BEST OF O	UR KNOWLEDG E THE SAME IS	SE AND BE	LUEF, THAT N TO US AND HE	O LEGAL O EREBY APP	IBJECTION TO TH	E MARRIAGI TO MARRY.	E	
	11. TITLE OF OFFICIAL THE OF OFFICIAL THE OF OFFICIAL THE OF OFFICIAL TO SHOW THE OF OFFICIAL THE OFFICIAL TH						9 FICWL (U	N. (1.14) Disck ink)			
	DEPUTY CLERK 13. SIGNATURE OF BBIDE (Sign full name using black ink) ON 1 (I'm 1.4) ON 1 (I'm 1.4)				14. SUPSCRIBED AND SWORN TO BEFORE ME ON (DATE) PEB 08 / 1999						
Will strange	uce	THE SIGNATURE OF OFFICIAL R				isoforaci initi)					
	DEPUTY CLERK LICENSE TO MARRY										
	AUTO-CRUZATION AND LICENSE IS HEREBY GIVEN TO ANY BERSON DURY AUTH-ORIZED BY THE AWS OF THE STATE OF FLORIDA TO PERFORM										
\$18687,14	A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.										
	BE USED ON OR AFTER TH 17. COUNTY ISSUING LICENSE	ISSUED 184 PATE LICENSE E			FECTIVE 19. EXPIRATION DATE						
33/6-33	PALM BEAC		FEB 08 1999 FEB 1				1999 APR 09 1999				
A STATE OF THE STA	DISPRITURE OF COURT CL	CLERK OF THE CI				ERCUIT 200 BY D.C.					
4.77			CERTI	FICATE	OF MA	RRIAG	E _			/_	
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF TO										STATE OF FLORIDA	
	21 DATE OF MARRIAGE (Month Cov. Year) 22 CITY, TOWN, OR LOCATION OF MARRIAGE										
	MARCH 1999 FORT LAUDERDALE FL. 33301										
SEAL	204. SIGNATURE OF PERSON PERFORMING CREGIONY (SEE DINCH IN)				23c. ADDRESS (OF person performing ceremony) 101 SE 3 PNE FT. LAUD FL. 33301 24. SIGNATURATION WITNESS TO CEREMONY (Use black ink)						
ţ	23b. NAME AND TITLE OF PERS (Or natury stamp)		>								
	γ .			25. SIGNATURE OF WITNESS T			O CEREMONY (Use black ink)				
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	(Or notary stereo)		÷						lse black ini	Ų	