2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # P98000003249 1. Entity Name 04-08-2002 90071 034 ***150.00 STUART EVANS ENTERPRISES, INC. Principal Place of Business Mailing Address 9133 VINEYARD LAKE DR. 9133 VINEYARD LAKE DR. PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 551 NW 108 AVE 1551 NW 108 AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City State City & State 4. FEI Number Applied For 65-0804313 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 KRAMER, ANDREW L P.A. Street Address (P.O. Box Number is Not Acceptable) 8211 W BROWARD BLVD PH2 PLANTATION FL 33324 Zip Code City 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) 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, 2002 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 OFFICERS AND DIRECTORS 11. **X** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME REBEN, STUART E 1551 NW 108 TH AVENUE #131 STREET ADDRESS STREET ADDRESS 9133 VINEYARD LAKE DR. CITY-ST-ZIP CITY-ST-7IP PLANTATION FL 33324 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE-TITLE Delete 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 ☐ Addition TITI F ☐ Delete TITLE Change 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 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.

STUANT REBENDIA 2/27/02