2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P98000015020 Apr 30, 2001 8:00 am Secretary of State DAVANT, INC. 04-30-2001 90454 050 ***150.00 Principal Place of Business Mailing Address 9506 S. RED ROAD 9506 S. RED ROAD **MIAMI FL 33156** MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. EEI Number 65-0824955 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **OESTERLE, DOUGLAS W** Street Address (P.O. Box Number is Not Acceptable) 9506 S. RED ROAD **MIAMI FL 33156** Zip Code 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. (NOTE, Registered Agent signature required en reinstating) DATE 9. This corporation is eligible to satisfy its Inta 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ike Check Payable to Department of State 11. **OFFICERS** AND DIRECTOR 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) Delete TITLE Change Addit.on **OESTERLE, DOUGLAS W** NAME NAME 9506 S. RED ROAD STREET ADDRESS STREET ADO MIAMI FL 33156 CITY-ST-ZIP CHY TITLE ☐ Delete Addition Change DAVANT, LORETTA NAME 1459 SW DYER PT RD STREET ACCRESS STREET ADDRESS OITY-ST-7IP PALM CITY FL 34990 CITY-ST-Z(P TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP THILE ☐ Delete THEF ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP TITLE Delete ع الآالا Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CiTY-ST-7IP 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 of 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

4/22/011

561-287-7633