## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # **P98000017839** May 09, 2000 8:00 am 1. Entity Name Secretary of State A BETTER DEAL, INC. 05-09-2000 90110 016 \*\*\*150.00 Principal Place of Business Mailing Address 4200 N.W. 191ST STREET A BETTER DEAL INC MIAMI FL 33055 P.O. BOX 640404 MIAMI FL 33164-0404 US 2. Principal Place of Business Mailing Address 120 E OAKLAND PRK BWC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 105 City & State 4. FEI Number Applied For 65-0816419 LAUDERDALE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA BROWARD Fee Required 3333*4* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERRING HERRING. KEVIN P 4200 N.W. 191ST STREET **MIAMI FL 33055** 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. ERRING 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSTD **⊠** Delete TITI E PSTD Change Addition HERRING, KEVIN TITLE 120 E DAKLAND PARK BUD # 105 HERRING, KEVIN P NAME NAME STREET ADDRESS 4200 NW 191 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33055** PSTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE HERRING, KEVIN 120 & OAKLAND PARK BLVD # 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUD FL 33334 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 3 6 7 3 ☐ Change ☐ Addition TITLE Delete 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