2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000023068** Apr 21, 2000 8:00 am Secretary of State INSIGHT INVESTIGATIVE GROUP, INC. 04-21-2000 90163 050 ***150.00 Mailing Address Principal Place of Business 2900 SW 28 TERR PO BOX 83-5216 MIAMI FL 33283-5216 6TH FL MIAMI FL 33133 US 2. Principal Place of Business 3. Mailing Address 12220 SW 109 AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. MAIN Applied For City & State City & State 4. FEI Number 65-0823381 MIAMI Flokida Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. BURGER, JED A Street Address (P.O. Box Number is Not Acceptable) 2900 SW 28 TERR **MIAMI FL 33133** 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 ture, typed or printed name of registered agent and title if applicable. **SIGNATURE** (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 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 11. OFFICERS AND DIRECTORS 12. , \square Change TITI £ ☐ Addition ☐ Delete TITLE BURGER, JED A NAME NAME STREET ADDRESS STREET ADDRESS 2900 SW 28 TERR 6TH FL CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

THTLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AGE OF BUCK TO THE OF SIGNING OFFICER OR DIRECTOR

☐ Delete

04/15/00 3059712491

☐ Change

☐ Addition