## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

an address, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P98000032539** May 23, 2000 8:00 am Secretary of State FIRST STEP INVESTMENT, INC. / 05-23-2000 90256 022 \*\*\*155.00 Mailing Address Principal Place of Business P.O. BOX 451496 6942 SW 20TH ST. POMPANO BEACH FL 33068 4 SUNRISE FL 33345-1496 🗸 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0833299 Not Applicable Zip Country Country \$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 Name MOGBO, CHUCK P.A. Street Address (P.O. Box Number is Not Acceptable) 2331 N. STATE RD.7, STE: 124 🚟 🕆 LAUDERHILL FL 33313 Zip Code 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 DATE 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 Election Campaign Financing \$5.00 <sub>May</sub> Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. X Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE ☐ Delete T/T/ F LAWAL, MONSURU NAME NAME 6942 S.W. 20TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33068 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete 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 ☐ Addition Change Delete 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 receive 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 chapter of on an attachment with an address with all other like empowered.