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 O

SIGNATURE:

FILED DOCUMENT # **P98000037580** Feb 24, 2000 8:00 am 1. Entity Name MAUD ASSOCIATE, CORP. **Secretary of State** 02-24-2000 90070 023 ***150.00 Principal Place of Business Mailing Address 8925 COLLINS AVE., UNIT #4E 8925 COLLINS AVE., UNIT #4E SURFSIDE FL 33154-3531 SURFSIDE FL 33154 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0899497 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEZ, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 8925 COLLINS AVE. SURFSIDE FL 33154 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change ☐ Addition TITLE PEZ, CATHERINE NAME NAME STREET ADDRESS STREET ADDRESS 8925 COLLINS AVE #4E CITY-ST-ZIP CITY-ST-7IP SURFSIDE FL 33154 ☐ Change ☐ Addition TITLE ☐ Delete TITLE PEZ, JEAN-PIERRE NAME NAME STREET ADDRESS 8925 COLLINS AVE #4E STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP SURFSIDE FL 33154 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ 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 filling 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

Daytime Phone #