2000 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P98000040102 1. Entity Name BOURDEAU FAMILY ENTERPRISES, INC. 04-26-2000 90094 001 ***150.00 Mailing Address Principal Place of Business 1143 NE 5TH AVE 1143 NE 5TH AVE FT. LAUDERDALE FL 33304-4906 FT, LAUDERDALE FL 33304 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0830964 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 18 1 to BOURDEAU, GARLANDE Street Address (P.O. Box Number is Not Acceptable) 1143 NE 5TH AVE FT. LAUDERDALE FL 33304 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. 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 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 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE TITLE BOURDEAU, GARLANDA NAME NAME 1143 NE 5TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 CITY-ST-ZIP Change Addition ☐ Delete TITLE MALIVERT, MIMOSE NAME 1143 NE 5TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE DILE 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 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

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

SIGNATURE:

FILED