2000 UNIFORM BUSINESS REPORT (UBR)

STF FL32381F.1

FILED May 09, 2000 8:00 am Secretary of State

| COLE SYSTEMS, INC. Principal Place of Business 7280 W PALMETTO PARK ROAD SUITE 304 BOCA RATON FL 33433 2. Principal Place of Business 77.180 W PALMETTO PARK ROAD SUITE 304 BOCA RATON FL 33433 2. Principal Place of Business 77.180 W PALMETTO PARK ROAD SUITE 304 Suite, Apr. 6. 4. 6. 3. Suite, Apr. 6. Suite, Suite | DOCUMENT # P98000043816 | | | | | 05-09-2000 90089 021 ***150.00 | | | | |
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| ### BOCA RATON FL 33433 2. Principal Prince of Spanness | COLE | SYSTEMS, INC. | • | | | | | | | |
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| Suite, Apt. 4, etc. 30 y 3 state Occ. 30 y 3 y 3 y 3 y 3 y 3 y 3 y 3 y 3 y 3 y | | | 3. Mailing Address | to PK Rd | | | | | | |
| Supplementary Supplementar | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
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| CARELLEK, STEVEN 7000 WEST PALMETTO PARK ROAD SUITE 200 BOCA RATON FL 33433 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Signalure, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signalure required when reinstating) 9. This acorporation is eligible to satisfy its intangible for satisfy its intangi | 33433 | Country U S-A | | Country | 5. Ce | ertificate of Status Desired | | 3.75 Ad | Iditional | 1 |
| STORE ADDITIONS CHANGES OF STEET ADDRESS | | | | | 7. Name and Address of New Registered Agent | | | | | |
| BOCA RATON FL 33433 City FL Zip Code | I Street Ad | | | | | Box Number is Not Accepta | able) | | | 4 |
| 8. The above named entity authmits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstaining) DATE 9. This corporation is eligible to satisfy its Intangible (Affer, MAY, 17, 2000, Fee will be, \$550.00) (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 12. NAME 13. Debte 11. NAME 14. OFFICERS AND DIRECTORS 15. Debte 11. NAME 15. | | | , (I) | · | | | | | 1 | |
| SIGNATURE Signature, typed or printed name of registered agent and tille it applicable. (NOTE: Registered Agent signature required when reinstaling) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Affer, MAY 1/2000 Fee will be \$550.00 Maker, MAKER, MAY 1/2000 Fee will be \$500.00 Maker, MAKER, MAY 1/2000 Fee will be \$500.00 Maker, MAKER, MAY 1/2000 Fee will be \$ | | | | City | | | FL | Zip Cc | ode | 7 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. | 8. The above | named entity submits this statement | for the purpose of changin | g its registered office | ce or registere | ed agent, or both, in the Sta | ate of Florida. | | | 1 |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 11. | | | | | | | - | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payabite to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTERPROVED TRUSH FUND CONTROLL TO THE CHARGES TO OFFICERS AND DIRECTORS IN THE CHARGES TO OFFICERS THE TAXORESS THE TAXORESS TO OFFICERS THE CHARGES TO OFFICERS | | | ered agent and title if applicable | e. (NOTE: Regi | stered Agent sig | nature required when reinstati | ing) DATE | | | |
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