2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # **P98000044743** 1. Entity Name FAS TWO, INC. 05-12-2000 90032 036 ***150.00 Mailing Address Principal Place of Business 365 FIFTH AVENUE SOUTH #201 365 FIFTH AVENUE SOUTH #201 NAPLES FL 34102 NAPLES FL 34102-6575 3. Mailing Addressc/o David Nassif Co. 2. Principal Place of Business 195 Worcester Street Suite, Apt. #, etc. Suite 301 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0921769 Wellesley Hills, MA Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 02481 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTARAMIAN, JACK J Street Address (P.O. Box Number is Not Acceptable) 365 FIFTH AVENUE SOUTH #201 NAPLES FL 34102 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATÉ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 # - **\$5.00** May Be 10: Election Campaign Financing 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 a compare to the ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE ANTARAMIAN, JACK J NAME NAME STREET ADDRESS 365 FIFTH AVENUE SOUTH #201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Addition Change TITLE ☐ Delete TITLE NASSIF, DAVID E NAME NAME Nassif, David E. 365 FIFTH AVENUE SOUTH #201 STREET ADDRESS STREET ADDRESS 195 Worcester Street, Suite 301 Wellesley Hill's, MA 02481 CITY-ST-ZIP__-CITY-ST-ZIP NAPLES.FL 34102- ----Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change | ☐ Delete TITLE MAME 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 ☐ 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: David E. Nassif. David E. Nassif. CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone