## FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am DOCUMENT # P9800004,6594 **Secretary of State** 05-16-2001 90251 043 \*\*\*150.00 L. Q. OPLANDO, INC. Principal Place of Business Mailing Address 7901 LUDLAM ROAD 7901 LUCKAM ROAD **LUUD/84**a SUITE 204 SUITE 204 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address 32 S. HARBOR DRIVE 32 S. HARBOR DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State KEY LARGO, FL 4. FEI Number City & State Applied For 65-0840107 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANCHESTER, JEFFREY MANCHESTER, JEFFREY C. Street Address (P.O. Box Number is Not Acceptable) 32 S. HARBOR DRIVE 7901 LUDLAM ROAD SVITE 204 MIAMI, FL 33143 Zip Code 33037 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR DIRECTOR TITLE Change ☐ Addition TITLE MANCHESTER, JEFFREY C. 7901 LUDIAM ROAD SVITE 204 MANCHESTER, JEFFREY C. NAME NAME 32 S. HARBOR DRIVE STREET ADDRESS STREET ADDRESS MIAMI. FL 33143 CITY-ST-ZIP CITY-ST-ZIP EY LARGO, FL 33037 TITLE ☐ Delete TITLE □ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-2iP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 supplied enter exemption indicated on this report or supplied enter exemption of the corporation or the receiver it trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATU