2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000046980** Apr 25, 2000 8:00 am Secretary of State BAKER-FOX PROPERTIES, INC. 04-25-2000 90029 030 ***150.00 Mailing Address Principal Place of Business 2029 HARRISON STREET. #6 2029 HARRISON STREET. #6 HOLLYWOOD FL 33020 HOELYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0847302 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KANTOR, SEYMOUR Street Address (P.O. Box Number is Not Acceptable) 2029 HARRISON BAY 6 HOLLYWOOD FL 33020 Zip Code atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits KANTOR - PRESIDENT Signature, typed or pri FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Int 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITI F Change Delete TITLE KANTOR, SEYMOUR NAME NAME 2029 HARRISON STREET, BAY 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or suppliemental reports 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 a receiver or trustee on officer of the secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a randows, with all other like empowered. 13. I hereby certify that th indicated on this re of the corporations

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR