2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 30, 2000 8:00 am DOCUMENT # **P98000051743 Secretary of State** INTERNATIONAL DIRECT LIGHTING MANUFACTURING, INC 03-30-2000 90017 034 ***150.00 Mailing Address Principal Place of Business THE N.E. 21ST ROAD 6230 N.E. 21ST ROAD FT LAUDERDALE FL 33308-1356 FI LAUDERDALE FL 33308 631367 2. Principal Place of Business 3. Mailing Address 10 E. Oakland Pk Blvd 2740 E. Oakland Pk Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc ite Applied For 4. FEI Number 65-0841551 aualrdale Lauderdale Not Applicable \$8.75 Additional 5. Certificate of Status Desired 30 la Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **AMERILAWYER** Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code FL 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) DATE 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 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 11. 12. ☐ Change Addition ☐ Delete TITLE BOITEAU, MICHEL NAME STREET ADDRESS STREET ADDRESS 6230 NE 21 ROAD CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □.Delete -TITLE TITLE 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 ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby 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 address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUITED AME OF SIGNING OFFICER OF DIRECTOR

13/27/00

454-4246