2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # **P98000065227** 1. Entity Name THE FIFTH COMMANDMENT, INC. 04-13-2001 90092 009 ***150.00 Principal Place of Business Mailing Address 2721 OCEAN CLUB BLVD. 2721 OCEAN CLUB BLVD. #106 #106 00036442 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 3. Mailing Address 2. Principal Place of Business 755 WEEPING WILLOW WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0976098 HOLLEWOOD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BRUNARD Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHARD LIBSTES BATES, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7100 W COMMERCIAL BLVD FORT LAUDERDALE FL 33319 City HOLLYWOD Zip Code 33.07.9 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 RUSAN L. BATES (NOTE: Registered Agent signature require) SIGNATURE 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change TITLE Delete BATES, RICHIMO NAME NAME BATES, RICHARD 1755 WEEPING WILL ON WAY HOLYWOD FL 33019 MUCHEN JIM A Change STREET ADDRESS STREET ADDRESS 2721 OCEAN CLUB BLVD. #106-CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 Mueceer, Jim TIT! F Delete TITLE NAME NAME MUELLER, JIM 718 LAKESIDE CINCLE STREET ADORESS STREET ADDRESS 2461 NW 46 ST. NUTTURE IN BEACH FE 33408 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** - Delete TITLE--TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.