

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070657

1. Entity Name
A THUNDER & LIGHTING, INC.

Principal Place of Business
3101 SW 25 ST STE 103
PEMBROKE PK FL 33009

Mailing Address
3101 SW 25 ST STE 103
PEMBROKE PK FL 33009

2. Principal Place of Business
616 N Edwin St
Suite, Apt. #, etc.
Hollywood FL 33020
City & State

3. Mailing Address
P.O. Box 223246
Suite, Apt. #, etc.
Hollywood, FL 33020
City & State

Zip
Country
Brazil

Zip
Country
Brazil

4. FEI Number 65-0858780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, EPHRAIM A
3051 GRANT ST.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
Corriveau, Christopher
Street Address (P.O. Box Number is Not Acceptable)
616 N Edwin St
City Hollywood FL Zip Code 33020

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 *Chris Corriveau* DATE 9-20-00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00.
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | | | |
|----------------|---|------------------------|--|
| TITLE | V | ROSEN, EPHRAIM A | <input checked="" type="checkbox"/> Delete |
| NAME | | 3051 GRANT ST. | |
| STREET ADDRESS | | HOLLYWOOD FL 33021 | |
| CITY-ST-ZIP | | | |
| TITLE | P | CORRIVEAU, CHRISTOPHER | <input type="checkbox"/> Delete |
| NAME | | 616 EDWIN ST | |
| STREET ADDRESS | | HOLLYWOOD FL 33020 | |
| CITY-ST-ZIP | | | |
| TITLE | T | HOPFMANN, GARY M. | <input type="checkbox"/> Delete |
| NAME | | 616 EDWIN STREET | |
| STREET ADDRESS | | HOLLYWOOD FL 33020 | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|----------------|--|--|---|
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| 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.

SIGNATURE: *Signature Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-00 954-929-1115
Date Daytime Phone

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:50

REINSTATEMENT 00

CR2EX14 (5/00)