2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P98000074911 2423 VAN BUREN STREET, CORPORATION 03-15-2000 90107 005 ***150.00 Mailing Address Principal Place of Business 2404 HOLLYWOOD BLVD. 2404 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6607 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0863642 Not Applicable \$8.75 Additional Zĺp 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 DELL, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 2404 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 City Zip Code FI 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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. Change ☐ Addition ☐ Delete TITLE SCHAEFER, DENNIS L NAME NAME STREET ADDRESS 2404 HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 VSD Change ☐ Addition TITLE ☐ Delete TITLE DELL, STEVEN J NAME NAME 2404 HOLLYWOOD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 Change Addition Delete TITLE TITLE NAME 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 Change ☐ Addition Delete TITLE 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 not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filling indicated on this report or supplemental features and appropriate features. ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver