2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P98000078017** 1. Entity Name CADRE, INC. 01-29-2000 90129 044 ***158.75 Principal Place of Business Mailing Address 2300 E OAKLAND PARK BLVD STE 202 2300 E OAKLAND PARK BLVD STE 202 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33306-1139 **UUUTUUUI** 2. Principal Place of Business 3. Mailing Address 3195 N. POWERLAND ROM SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 110 SAME City & State City & State 4. FEI Number Applied For 65-0813019 POMPANO BEACH, SAME Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33069 Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BALL. EDWARD** Street Address (P.O. Box Number is Not Acceptable) SAME AS PRINCIPAL PURE OF BUSINESS 2300 E OAKLAND PARK BLVD STE 202 FT LAUDERDALE FL 33308 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **X** Change ☐ Addition TITLE ☐ Delete TITLE BALL, EDWARD NAME NAME STREET ADDRESS 2300 E OAKLAND PARK BLVD STE 202 STREET ADDRESS SAME AS PRINCIAN PLACE OF BUSINESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE: - - = --- Change TITLE - Delete - --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 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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