2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000086793** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name BANABA, INC. 04-18-2000 90259 031 ***150.00 Principal Place of Business Mailing Address 1505 S.E. 40TH STREET.STE.C 1505 S.E. 40TH STREET.STE.C CAPE CORAL FL 33904 CAPE CORAL FL 33904-7913 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0869333 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent James W. Amburn Street Address (P.O. Box Number is Not Acceptable) LA-ROCCO, ROBERT J _1505-8:E: 40TH STREET.STE.C 1505 S.E.40th Street CAPE CORAL FL 33904 Suite C Zip Code City Cape Coral 33904 e of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity supmits this statement to (NOTE: Registered Agent signature required when reinstatutia) nd title if applicable 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. DPST ☐ Change Addition Delete TITLE TITLE DPST LA ROCCO, ROBERT J NAME NAME Jeannette Althoff STREET ADDRESS STREET ADDRESS 1505 S.E. 40TH STREET, STE.C 2130 S.W.51st Street CITY-ST-ZIE CITY-ST-ZIP CAPE CORAL FL 33904 Cape Coral, FL, 33914 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 🖆 Change Addition TITLE -- Delete --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 TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

04/10/00 941-54

941-549-9499

Daytime Phone #