2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOGUMÈNT # **P98000087507** Mar 22, 2000 8:00 am **Secretary of State** HUNTER/GAETANO MANAGEMENT GROUP, INC. 03-22-2000 90021 011 ***158.75 Principal Place of Business Mailing Address 100 S. PINE ISLAND ROAD 100 S. PINE ISLAND ROAD SUITE 142 SUITE 142 PLANTATION FL 33324 U 4 0 0 7 V PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0958636 Not Applicable \$8.75 Additional Zip 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 STRONKOWSKY, TED Street Address (P.O. Box Number is Not Acceptable) 100 S. PINE ISLAND ROAD **SUITE 142** PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 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. Change TITLE PTD Delete TITLE Poltronier, Gary POLTRONIERI, GARY NAME NAME STREET ADDRESS 100 s. Pine Island rd Ste 142 STREET ADDRESS 2071 S.W. 70TH AVENUE SUITE G-5 CITY-ST-ZIP Plantation PL 33324 CITY-ST-7IP **DAVIE FL 33317** Change (Addition Delete TITLE TITLE Strontowsky, Ted POLTRONIERI, GARY NAME NAME STREET ADDRESS 2071 S.W. 70TH AVENUE SUITE G-5 St5 145 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33317. <u>r 33324</u> Change 🔀 Addition ☐ Delete TITLE TITLE NAME NAME Salvatore STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change Addition ☐ Delete 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 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 portification of the corporation or the reperter 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR