2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P 980000 89807 May 21, 2000 8:00 am **Secretary of State** BILLIARD WAREHOUSE, INC. 05-21-2000 90004 050 \*\*\*150.00 12425 NW TAVENUE 12425 NW TAVENUE 12425 NW TAVENUE MIAMI FC 33/68 MIAMI, FC 33/68 1106440 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 086 945 Applied For City & State City & State Not Applicable Źıp \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOFFMANN, GORDON A Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 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 SINAFORE Signature, typed or printed name of registered agent and title if applicable. (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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Addition HOPFHANN, GORDON H DON AVENUE TITI F NAME angga ayuni 55 STREET ADDRESS ST-ZIP CITY-ST-7IF ☐ Addition ☐ Change ☐ Delete TITLE HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ···-ST-ZIP ☐ Delete ☐ Change Addition HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .... St 71P ☐ Change Addition ☐ Delete IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if