2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am DOCUMENT # **P98000096251** 1. Entity Name Secretary of State REC SUB IV DEVELOPMENT, INC. 03-08-2000 90035 003 ***150.00 Principal Place of Business Mailing Address 1500 N FEDERAL HWY 1500 N FEDERAL HWY FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304-1432 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3435597 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 2601 E. PARK BLVD., STE. 604 FT. LAUDERDALE FL 33306 8. The above named entity sulfnits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. COOK Change ☐ Addition TITLE ☐ Delete Cook, Richard Hwy. #202 NAME **RICHARD** NAME STREET ADDRESS 2601 E. PARK BLVD., STE. 604 STREET ADDRESS t. Landerdale, St. CITY-ST-ZIP CITY-ST-ZIF FT. LAUDERDALE FL 33306 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

CR2F034 (9/99)