2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098760

1. Entity Name

ARBOURS DEVELOPMENT GROUP, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State
04-18-2000 90057 018 ***150.00

Principal Place of Business	Mailing Address
1115 TEQUESTA STREET (SW 4TH) FORT LAUDERDALE FL 33312	1115 TEQUESTA STREET (SW 4TH) FORT LAUDERDALE FL 33312-2562

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
888 S Andrews
Suite, Apt. #, etc. Suite 203
City & State Ft. Lauderdale, FL
Zip 33316 Country USA

3. Mailing Address
Suite, Apt. #, etc. PO Box 1585
City & State Ft. Lauderdale, FL
Zip 33302 Country USA

4. FEI Number 65-0877597 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
DILLON, JEFFREY 1115 TEQUESTA STREET (SW 4TH) FORT LAUDERDALE FL 33312	Name Jeffrey Dillon Street Address (P.O. Box Number is Not Acceptable) 936 Intracoastal Drive Suite 607 City Ft. Lauderdale FL Zip Code 33304

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 reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME DELEO, JOHN STREET ADDRESS 1115 TEQUESTA DR CITY-ST-ZIP F LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS 3247 NW 22 AVE CITY-ST-ZIP FT. LAUDERDALE, FL. 33309	☑ Change ☐ Addition
TITLE STDV NAME DILLON, JEFFREY STREET ADDRESS 1115 TEQUESTA DR CITY-ST-ZIP F LAUDERDALE FL 33312	☐ Delete	TITLE NAME STREET ADDRESS 936 Intracoastal Drive CITY-ST-ZIP Ft. Lauderdale, FL 33304	☑ Change ☐ Addition
TITLE DIRECTOR NAME CLINTON E. LOVELL STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 15519 DAWNBROOK CITY-ST-ZIP HOUSTON TX 77068	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 DIRECTOR

4/10/2000 Date
(954) 522-3311 Daytime Phone #