2000 UNIFORM BUSINESS REPORT (UBR) (Amended)

DOCUMENT # P98000100081

1. Entity Name: THATCH Estates Inc

FILED
00 SEP 27 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 5460 N State Rd 7, Ft Lauderdale FL 33319

Mailing Address:

Amended DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5460 N State Rd 7
Suite, Apt. #, etc.: 214
City & State: Ft Lauderdale FL
Zip: 33319 Country: Belize

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 65-0881275 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Roger Thatch
2754 NW 80th Ave.
Sunrise, FL 33322

7. Name and Address of New Registered Agent
Name: (GiGi) Gertrude Nowell
Street Address (P.O. Box Number is Not Acceptable): 2754 NW 80th Ave
City: Sunrise FL Zip Code: 33322

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: (Gigi) Gertrude Nowell (NOTE: Registered Agent signature required when reinstating) DATE: 9-26-00
Signature, typed or printed name of registered agent and title if applicable.

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

THE MONTH FEE IS $150.00 After MAY 1999 Fee will be $400.00 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Thatch, Rodger 2754 NW 80 avenue Ft. Lauderdale 33322	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O GiGi Nowell 2754 N 80th Ave Sunrise FL 33322 [redacted]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600003417836--2 -10/09/00--01005--005 *****70.00 *****70.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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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: (Gigi) Gertrude Nowell 9-26-00 954-485-3432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(rev. 6/94)