2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 03, 2000 8:00 am Secretary of State OCUMENT # Ilona Inc. i. Entity Name P9800010099 05-16-2000 90018 024 ***150.00 inclual Place of Business P.O. Box 386 83409 over Seas Hwy Islamorada FL. rslamorada F 33036 Principal Place of Business 3. Mailing Address 80 Box 83409 Over Seas Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL. 59-3553837 1 s lamorado Not Applicable \$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 Street Address (P.O. Box Number is Not Acceptable) 83407 Over Seas Hwx Zip Code 33036 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!! FEE IS \$150.00 After MAY,1 2000 Fee will be \$550.00/ Make Check Payable to Department of State This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete Change TITLE President ☐ Addition NAME Ilona Sandrey 83407 Over Sous Huy Islamorna FL. 3303 STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME ATP NIES A STREET ADDRESS CITY-ST-2IP 51 - ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP ST 2#P Defete Change · TITLE ☐ Addition NAME ALM MILLS STREET ADDRESS ST- 719 CITY-ST-ZIP Addition Delete ☐ Change IIILE HALL STREET ADDRESS CITY-ST-ZP ST ZIP ☐ Delete MILE ☐ Change ☐ Addition NAME 1000000 STREET ADDRESS ST-ZY CITY-ST-ZIP I hereby certify that the information supplied with this filing does not quelify 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. SMATURE:

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		Name I/	es (P.O. Box Number's not Acceptable)	
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