2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is true and of the corporation or the receiver distrustee empowered to

SIGNATURE:

Mar 15, 2000 8:00 am DOCUMENT # P98000102663 1. Entity Name **Secretary of State** ANNE FRANCIS INC 03-15-2000 90038 035 ***150.00 Principal Place of Business Mailing Address 1500 S. OCEAN DR., SUITE 7C 1500 S. OCEAN DR., SUITE 7C HOLLYWOOD FL 33019 HOLLYWOOD FL 33019-2336 **#######** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suité, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0892800 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, GERALD Street Address (P.O. Box Number is Not Acceptable) 1500 S. OCEAN DR., SUITE 7C HOLLYWOOD FL 33019 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME MILLER, GERALD STREET ADDRESS 1500 S. OCEAN DR., SUITE 7C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP cides nonqualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information accuracy and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute/this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing