2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 13, 2000 8:00 am Secretary of State DOCUMENT # **P98000104326** CONCENTRIC ENTERPRISES, INC. 06-13-2000 90001 016 ***558.75 Principal Place of Business Mailing Address 11031 NW 1ST STREET 11031 NW 1ST STREET PLANTATION FL 33319-2517 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 6412 N. UNIVERSIT G412 NOUNIVERSIN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 131 131 Applied For City & State City & State 4. FEI Number 65-0882823 AMARAC Not Applicable AMARK Country Country \$8.75 Additional 5. Certificate of Status Desired BROWARD Fee Required KLUWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEREZ, NATALIE Street Address (P.O. Box Number is Not Acceptable) 11031 NW 1ST STREET PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 11. CHIEF OPERATION OFFICER TITLE TITLE Delete MANDIC, LOUIS A MANDIC, LOUIS NAME NAME 5730 NW 545 WAY 11031 NW 1ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC, CITY-ST-ZIP PLANTATION FL 33324 PRESIDENT Change ☐ Addition TITLE ☐ Delete NATIONE PENEZ, NATALIER 5730 NW 54th WAY NAME PEREZ, NATALIE 11031 NW 1ST STREET STREET ADDRESS STREET ADDRESS TAMARAC, FL., 33319 CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33324** Delete. TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

6-6-00

954-597-7100

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Daytime Phone #