Zip Country Zip Country Zip Country So Country	n		R)	ORT (UBI	IESS REPO	BUSIN	FORM E	UNI	2000
Principal Place of Business Mailing Address LeXD NW, 4th STREET SURA Address SURA KG, 4F, etc. Sura, Act. 4, etc. Sura, Act. 4, etc. Sura, Act. 4, etc. City & State A Mailing Address Sura, Act. 4, etc. Sura, Act. 4, etc. City & State A Mailing Address Zip Country Zip Country Zip Country A Mailing Address of Current Registered Agent Number of States Desired Area Number of Address of Current Registered Agent YARBOUROUGH, HAROLD G Streat Address (PO. Sox Number Is Not Acceptable) YARBOUROUGH, HAROLD G Streat Address (PO. Sox Number Is Not Acceptable) YARBOUROUGH, MAROLD G Maile Check Paylobit to Department with the statement for the purpose of changing its registered agent, or both, in the State of Forida. Streat Address (PO. Sox Number Is Not Acceptable) True Fund Current Registered Agent YARBOUROUGH, MAROLD G Maile Address of Current Registered Agent Intig comportation to signifie to stately its Hubit Maile Base of Porida. Streat Address (PO. Sox Number Is Not Acceptable) Streat Address (PO. Sox Number Is Not Acceptable) Make Max (The Streat Address In Porifice Is	0 8:00 an of State	May 10, 2000 8 Secretary of S	M	tity Name					 Entity Name
SUMRISE FL 3325 SUMRISE FL 33325 SUMRI	51 450.00	03-10-2000 90009 001			Mailing Address	·····	ss	e of Busines	Principal Place
Suite, Apt. #, etc. Suite, Apt. #, etc. Do NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number & 65-0895629 No Zip Country Zip Country S. Control WRITE IN THIS SPACE YAREOUROUGH, HAROLD G State Name and Address of Current Registered Agent 7. Meme and Address of New Registered Agent YAREOUROUGH, HAROLD G Name Street Address (PD. Sox Number is No! Acceptable) YAREOUROUGH, HAROLD G Street Address (PD. Sox Number is No! Acceptable) SUNNESE FL 33325 City FL City FL Zip Cock Anter MAY 1, 2000 Fee will be 3550.00 * 0*** To Easter Address (PD. Sox Number is No! Acceptable) SUNNESE FL 33325 Mater MAY 1, 2000 Fee will be 3550.00 * 0*** The above named entity submits this statement for the purpose of changing its registered Agent. or both. To Easter Address (PD. Sox Number is No! Acceptable) SUNNESE FL 33325 Mater MAY 1, 2000 Fee will be 3550.00 * 0*** To Easter Address To OFFICERS AND DIRECTORS 11/2 OFFICERS AND DIRECTORS 12/************************************					14200 N.W. 4TH STREET			+ STREET	14200 N.W. 4TH
Suite, Ap.L. #. etc. Suite, Ap.L. #. etc. Do NOT WRITE IN THIS SPACE City & State Cay & State 4. FEI Number 65-0895629 No Zio Country Zip Country S. Contribute of Status Desired \$3.75 and Face Require ARBOUROUGH, HAROLD G 14200 NW, 4TH ST SUNNISE FL 33325 Name and Address of Current Registered Agent Name Them and Address of New Registered Agent SUNNISE FL 33325 City FL Zip Cock Street Address (PD. Sox Number is No! Acceptable) SUNNISE FL 33325 City FL Zip Cock City FL Zip Cock City FL YARBOUROUGH, HAROLD G 14200 NW, 4TH ST SUNNISE FL 33325 Name Street Address (PD. Sox Number is No! Acceptable) SUNNISE FL 33325 City FL Zip Cock SIGNATURE Country submits this statement for the purpose of changing its registered agent, or both, in the State of Portia. SIGNATURE Country submits this statement for the purpose of the flambular. Note: The purpose of both Agent area agent or motion. Address Cock Particle of States State Of Portia. SIGNATURE Country submits this statement for the purpose of the flambular. Note: The purpose of the flambular. Note: The purpose of the flambular. 1 OFFICERS AND DIFECTORS Descret Maret States Cock Particle of States State Particle of Particle Addre				3. Mailing Address			Principal Place of Business		
Zip Country Zip Country Zip Country S. Cartificate of Statue Desired \$8,75 Addition 21p Country S. Cartificate of Statue Desired \$8,75 Addition \$7,75	SPACE	DO NOT WRITE IN THIS SPACE		Suite, Apt. #, etc.			pt. #, etc.		Suite, Apt. #
Zip Country Zip Country S. Cartificate of Status Desired \$8.75 Acd Fee Required 6. Name and Address of Current Registered Agent Name Name and Address of New Registered Agent Name YARBOUROUGH, MAROLD G 14200 N.W. 4TH ST SUNRISE FL 33325 Name Name Name City FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. SiGename SIGNATURE Street Address (P.O. Box Number is Not Acceptable) Date 9. This concentation is eligible to stately its intangbig. Atter MAY 1, 2000 Fee will be \$55.00 Make Check Payable to Despatition of State To. Election Campaign Financing \$50 11. OFFICERS AND DIPECTORS 12. ADDITIONS/OHANGES TO OFFICERS AND DIPECTORS ADDITIONS/OHANGES TO OFFICERS AND DIPECTORS \$50 11. OFFICERS AND DIPECTORS 12. ADDITIONS/OHANGES TO OFFICERS AND DIPECTORS 12. ADDITIONS/OHANGES TO OFFICERS AND DIPECTORS 11. OFFICERS AND DIPECTORS 12. ADDITIONS/OHANGES TO OFFICERS AND DIPECTORS 12. ADDITIONS/OHANGES TO OFFICERS AND DIPECTORS 11. OFFICERS AND DIPECTORS 12. ADDITIONS/OHANGES TO OFFICERS AND DIPECTORS 12. ADDITIONS/OHANGES TO OFFICERS AND DIPECTORS 11. OFFICERS AND DIPECTORS <	Applied For Not Applicable		City & State		City & State				
	\$8.75 Additional		Zip Country			Country		Zip	
YARBOUROUGH, HAROLD G 14200 N.W. 4TH ST SUNRISE FL 33325 Street Address (P.O. Box Number Is Not Acceptable) City FL Zp Code City FL Zp Code City FL Zp Code SIGNATURE Street Address (P.O. Box Number Is Not Acceptable) City Street Address (P.O. Box Number Is Not Acceptable) City FL Signature Street Address (P.O. Box Number Is Not Acceptable) City Street Address (P.O. Box Number Is Not Acceptable) City FL Street Address (P.O. Box Number Is Not Acceptable) City FL Street Address (P.O. Box Number Is Not Acceptable) City FL Street Address (P.O. Box Number Is Not Acceptable) City FL The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floctable City Tax ling requirement and effects to do so. Atter MAY 1, 2000 Fee will be \$550.00 To. Election Cangelight Financing \$5.0 Tax ling requirement and effects to do so. Atter MAY 1, 2000 Fee will be \$550.00 To. Election Cangelight Financing \$5.0 The above named entity submits this statement for the purpose of change muter with the state of the state address to do so. The state address to do so. City of the state address to do so. The above secretable base address to do so. Atter MAY 1, 20			7. Name and Ad		gistered Agent	of Current Reg	e and Address of	6. Name	
14200 N.W. 4TH ST SUNRISE FL 3325 Deter Address (n.C. Don't united in the Address) City FL Zip Code City FL Zip Code SiGNATURE Requirement and evaluated signet and trei 4 deptace (NOTE Replayered agent and trei 4 deptace The concretation is eligible to satisfy its interaction and requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 To. Election Campaign Financing \$5.0 This concretation is eligible to satisfy its interaction of trei 4 deptace After MAY 1, 2000 Fee will be \$550.00 To. Election Campaign Financing \$5.0 This concretation is eligible to satisfy its interaction of trei 4 deptace After MAY 1, 2000 Fee will be \$550.00 To. Election Campaign Financing \$5.0 This concretation is eligible to satisfy its interaction of trei 4 deptace D - Pricers AND Directores State ADdress To. Election Campaign Financing \$5.0 This concretation is eligible to satisfy its interaction of trei 4 deptace D - Pricers AND Directores D - Pricers AND Directores State ADdress Change Make YARBOROUGH, HAROLD Delete This concretation is eligible to assist its its its its its its its its it				ļ					VADE
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE OPTE Dete Dete Dete Dete Dete Dete Dete State of partice agent and elects to a so. After MAY 1, 2000 Fee will be \$550.00 Mate Check Payable to Department of State of Proceed Agent and elects to a so. State of partice agent and elects to a so. State of partice agent and elects to a so. State of partice agent and elects to a so. After MAY 1, 2000 Fee will be \$550.00 Mate Check Payable to Department of State Tax filing requirement and elects to a so. State of partice agent and elects to a so. State of partice agent and elects to a so. State of partice agent agent and elects to a so. State of partice agent ag		(P.O. Box Number is Not Acceptable)	ddress (P.O. Box Number is	Street A		00 N.W. 4TH ST			1420
A The above named antity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNATURE Bignature, hydror primad want of gradiental agent and the 1 applicable Protte Pageseed Agent Beakter moduled them wintsamp) Protte Pageseed Agent Beakter module them wintsamp) Protte Pageseed Agent Beakter moduled them wintsamp) Protte Pageseed Agent Beakter Marker Statement of State Protte Pageseed Agent Beakter Marker Statement of State Protte Pageseed Agent Beakter Apperseed A			<u></u>				3325	RISE FL 3	SUN
SiGNATURE Instrume (NOTE Programmed Agent Experiment of their function) OATE 9. This corroration is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Gee citiana on back) EFEE_NOW III FEE.IS-6150.00 **********************************	Zip Code	FL Zip	City						
TITLE D <th>\$5.00 May Be Added to Fees</th> <th>Trust Fund Contribution.</th> <th>50.00 Trust</th> <th>2000 Fee will be \$</th> <th>After MAY 1, 20</th> <th>so</th> <th>and elects to do se</th> <th>equirement</th> <th>Tax filing re</th>	\$5.00 May Be Added to Fees	Trust Fund Contribution.	50.00 Trust	2000 Fee will be \$	After MAY 1, 20	so	and elects to do se	equirement	Tax filing re
NAME YARBOROUGH, DAVID A NAME STREET ADDRESS 14200 N.W. 4TH STREET STREET ADDRESS CITY-ST-2IP SUURISE FL 33325 CITY-ST-ZIP TITLE D Delete NAME YARBOROUGH, HAROLD THEE MAME STREET ADDRESS 14200 N.W. 4TH STREET Change NAME SUURISE FL 33325 CITY-ST-ZIP STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUURISE FL 33325 CITY-ST-ZIP TITLE Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change NAME STRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TI				12.	RECTORS	CERS AND DIF			11.
NAME YARBOROUGH, HAROLD NAME STREET ADDRESS 14200 N.W. 4TH STREET STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Change Addition	Cha	₽ ₽°	NAME STREET ADDRESS	Delete		Rough, david A I.W. 4th stree	YARBOR 14200 N	NAME STREET ADDRESS
TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE Change NAME Delete TITLE Change NAME Delete TITLE Change NAME Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP Change TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME Change <t< td=""><td>Change Addition</td><td>ST Cha</td><td>DVST</td><td>NAME STREET ADDRESS</td><td>Delete</td><td></td><td>I.W. 4TH STREE</td><td>YARBOR 14200 N</td><td>NAME STREET ADDRESS</td></t<>	Change Addition	ST Cha	DVST	NAME STREET ADDRESS	Delete		I.W. 4TH STREE	YARBOR 14200 N	NAME STREET ADDRESS
TITLE Image: Delete TITLE Image: Delete Imagee: Delete Imagee: Delete <td< td=""><td>Change Addition</td><td>Cha</td><td></td><td>NAME STREET ADDRESS</td><td>Delete</td><td></td><td></td><td></td><td>NAME STREET ADDRESS</td></td<>	Change Addition	Cha		NAME STREET ADDRESS	Delete				NAME STREET ADDRESS
TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	Cha		NAME STREET ADDRESS	Delete				NAME STREET ADDRESS
TITLE Delete TITLE Change NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Change Addition	Cha	· · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS	Delete				TITLE NAME STREET ADDRESS
13. Thereby certify that the information supplied with this filing does not qualify for the exclipition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exclipition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exclipition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exclipition stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exclipition stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exclipition stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exclipition stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with the information supplie	Change Addition	Cha		NAME STREET ADDRESS	🗌 Delete	·			TITLE NAME STREET ADDRESS
13. I hereby certify that the information supplied with this filing does not qualify for the excliption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the inidicated on this report or supplemental reports the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or fustee exposed to execute this report as recurred by Chapter 607, Florida Statutes; and that my name appears in Block 11 or changed, or on an attachment with an address with at other the emprivered. SIGNATURE: 4/17/20 454-846-14	rtify that the information am an officer or director in Block 11 or Block 12 if 6-846 - 1-663			for the exemption sta at my signature shall i for as required by Chi rd.	is filing does not qualify for be and accurate and that r ared to execute this report a other, the empry very of	upplied with the value of the second second second second second second second address with	he information sup ort or supplementa the receiver or trus tachmont with an a		