## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # P98000108154 1. Entity Name KLEIER CORPORATION 05-01-2000 90002 008 \*\*\*150.00 Principal Place of Business Mailing Address 1402 E. LAS OLAS BLVD., STE. 704 1402 E. LAS OLAS BLVD., STE, 704 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301-2336 2. Principal Place of Business 3840 W. Hillsboro Blud 3. Mailing Address SAMO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5AMO City & State 4. FEI Number Applied For 65-0882790 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SAME KLEIER, GEORGE W III Street Address (P.O. Box Number is Not Acceptable) 458 NW 70 AVE PLANTATION FL 33317 4045 Crescent Creck Place 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Delete TITLE Change ☐ Addition KLEIER, GEORGE W III NAME

11. TITLE NAME STREET ADDRESS 458 NW 70 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Delete ☐ Addition JITLE. NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-7IP Delete Change TITLE 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 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

MAYURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

210.00

954.834.0888

Daytime Phone #