## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P99000002577** LOTUS POINT PROPERTIES, INC. 03-22-2000 90078 045 \*\*\*150.00 Mailing Address Principal Place of Business 900 NE 4TH ST. 900 NE 4TH ST. FT. LAUDERDALE FL 33301 FT LAUDERDALE FL 33301-1228 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEL Number 213426 52-Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THEODORE A. HILL FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 2843 THAXTON DR.,#37 PALM HARBOR FL 34684 FORT LANDERDME 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 THEODORE A. HILL 18 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so $\Box$ 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. ☐ Addition Change TITLE ☐ Delete TITLE FRUCHTER, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 900 NE 4TH ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 $\sqrt{|\tau|}$ **Addition** TITLE Change ☐ Delete TITLE THEODORE A. HILL NAME NAME 900 NA 44 ST STREET ADDRESS STREET ADDRESS FORT LANDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 of

Daytime Phone #