2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P9900003131 Mar 10, 2000 8:00 am 1. Entity Name **Secretary of State** PERMAH, INC. 03-10-2000 90020 013 ***150.00 Principal Place of Business Mailing Address 7081 N.W. 16TH STREET 7081 N.W. 16TH STREET #114B **PLANTATION FL 33313-5233** PLANTATION FL 33313 3. Mailing Address 2. Principal Place of Business 2914 N. STATE ROAD 7 2914 N. STATE ROAD 7 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State LAUDERDALE LAKES, FL LAUDERDALE LAKES, FL 65-0895500 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 33313 USA 33313 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRINCE, YANICK L Street Address (P.O. Box Number is Not Acceptable) 7081 N.W. 16TH STREET #114B PLANTATION FL 33313 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (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) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change X Addition ☐ Delete MAHALIA LEE PRINCE TITLE TITLE PRINCE, YANICK L NAME 7081 NW 16TH STREET 7081 N.W. 16TH STREET STREET ADDRESS STREET ADDRESS PLANTATION, FL 33313 PLANTATION FL 33313 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE PERNELL S. PRINCE NAME NAME 7081 NW 16TH STREET STREET ADDRESS STREET ADDRESS PLANTATION, FL 33313 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP on 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 of the port 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 or justee empowered to 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 indicated on this report or supple

of the corporation or the received

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: