2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000003994** Apr 06, 2000 8:00 am Secretary of State E-BUSINESS PARTNERS, INC. 04-06-2000 90003 018 ***150.00 Principal Place of Business Mailing Address 321 ROYAL POINCIANA PLAZA 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480-4019 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 515 No. Flagler Dr. 515 No. Flagler Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1201 1201 Applied For City & State City & State 4. FEI Number West Palm Beach, F1. 65-0978435 Not Applicable West Palm Beach, Fl. Country Country \$8.75 Additional 5. Certificate of Status Desired П 33401-4347 33401-4347 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMBY, LOUIS L III Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 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 12. 11. ☐ Change ☐ Delete TITLE TITLE John Atanasio NAME NAME 515 No. Flagler Dr., #1201 STREET ADDRESS STREET ADDRESS West Palm Beach, Fl. 33401-4347 CITY-ST-ZIP CITY-ST-ZIP XX Addition S/T/C ☐ Change TITLE ☐ Delete TITLE Ernest D. Chu NAME 515 No. Flagler Dr., #1201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, F1. 33401-4347 - Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE 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 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.

Ernest D. Chu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-833-5560

Daytime Phone #