2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # P99000006428 1. Entity Name DAVIE INTERNATIONAL, INC. 05-23-2000 90235 036 ***150.00 Principal Place of Business Mailing Address 4711 S.W. 83RD TERRACE 4711 S.W. 83RD TERRACE DAVIE FL 33328-3726 DAVIE FL 33328 44454377 2. Principal Place of Business 4931 S.W 94 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For Gity & State ity & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7." Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILNE, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 25 S.E. 2 AVENUE, SUITE 1105 **MIAMI FL 33131** 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. 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition D TITLE ☐ Change TITLE Delete MOORE, JOHN NAME NAME 8711 S.W. 83 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 **PVTS** ☐ Addition Change ☐ Delete TITLE TITLE MOORE, JOHN NAME NAME 8711 S.W. 83 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33328** Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP mation 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 13. I hereby certify that the inipplemental 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 liver of 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 of the corporation changed, or on an SIGNATURE: