2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P99000013282 SAINT JOHN DON BOSCO, INC. 03-14-2000 90045 006 ***150.00 Mailing Address Principal Place of Business 1720 HARRISON STREET 1720 HARRISON STREET 17TH FLOOR 17TH FLOOR C0036845 HOLLYWOOD FL 33020-6829 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip \$8.75 Additional Country 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DESTEFANO, ROCCO Street Address (P.O. Box Number is Not Acceptable) 1720 HARRISON STREET 17TH FLOOR HOLLYWOOD FL 33020 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 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. **PVSD** Change ☐ Addition TITI F TITLE Delete NAME NAME DESTEFANO, ROCCO STREET ADDRESS STREET ADDRESS 1720 HARRISON STREET 17TH FLOOR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition Change ☐ Delete TITLE 7171 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete

13. 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.

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

HE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NA

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

– President

03/09/00

(954)923-456**7**

Date

Daytime Phone #

Change

☐ Addition