2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT # P99000016768 1. Entity Name 1982 Co. 03-03-2000 90245 048 ***150.00 Principal Place of Business Mailing Address , 13941 S.W. 52 Terrace 13941 S.W. 52 Terrace Miami, MFlorida 33175 Miami, Florida A0025403 3. Mailing Address 1301 N.E. 2. Principal Place of Business 191 Street 1301 N.E. 191 Street #Frite, Apt #, etc. # Frite 4/011#, etc. DO NOT WRITE IN THIS SPACE City & State Miami, 4. FEI Number Miami. Applied For Florida Florida Not Applicable 33179 Country \$8.75 Additional 33°179 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Baruch Spivak Street Address (P.O. Box Number is Not Acceptable) 1301 N.E. 191 Street #F 401 FL 33179 Miami 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. (NOTE: Registered Agent signature required when reinstating) FILE NOWIII 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President President TITLE ☐ Delete NAME Baruch Spivak Baruch Spivak 1301 N.E. 191 St. #F 401 STREET ADDRESS 13941 S.W. 52 Terrace STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33175 Miami, Florida 33179 TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **JITIT** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Barrell SIGNATURE AND TYPED OR PE

☐ Delete

SPIVAL 2-22-00 305-948-8700

Change

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