2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900019673 Aug 10, 2000 8:00 am Secretary of State HIS PRESENCE, INC. 08-10-2000 90012 038 ***150.00 Principal Place of Business 2151 SW 117 Terrace 2151 SW 117 Terrace DATE, PR 33325 DAVER, FR 33325 11111777834 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable 65-0901610 Country \$8.75 Additional Zip 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 GERBER CHERYL Street Address (P.O. Box Number is Not Acceptable) 2151 SW 117 Terrace DAVIE, FL 33325 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change □ Delete TITLE GERGER, CHERYL NAME STREET ADDRESS STREET ADDRESS 2151 SW 117 Terrace CITY-ST-ZIP CITY-ST-ZIF Davie, FL 33325 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition TITLE ☐ Delete NAME 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 access in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

8-7-00
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Affachment D#19900019678 DOOT18841

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