2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000020062 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name FELECIA CURRERI REPORTING, INC. 04-24-2000 90138 014 ***150.00 Mailing Address Principal Place of Business 3233 NE 34 STREET #212 FV LAUDERBALE EL 33004-3313 233 ME 34-STREET #AL2 TAUDERDALE FL 83308 rincipal Place of Busines DO NOT WRITE IN THIS SPACE ite, Apt. #, etc Applied For 4. FEI Number & State 59-3561616 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CURRERI, FELECIA Street Address (P.O. Box Number is Not Acceptable) 3233 NE 34/STREET #212 LANDEADALE PL 33908 ed entity submits this statement for the porpose of changing its registered office or registered agent of both, in the State of Florida. SIGNATURE DATE 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. CR2E034 (9/99 Change ■ Addition TITLE TITLE Delete CURRERI, FELECIA NAME NAME 3233 NE 34 STREET #212 FILLAUDERBALE FL 33308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 🔲 Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Change ☐ Delete TITLE NAME NAME

13. 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-180C

229-8459 Davime Phone #