2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000021419 Apr 22, 2000 8:00 am Secretary of State 1. Entity Name Moore & Snoep Consulting, Inc. 04-22-2000 90109 009 ***150.00 Principal Place of Business Mailing Address One-East-Broward Blvd. Suite 700-Fort:Lauderdale, FL 33301 2. Principal Place of Business 3. Mailing Address 100 N.E. 3rd Avenue 100 N.E. 3rd Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 850 Suite 850 City & State City & State 4. FEI Number Applied For Fôrt Lauderdale, FL 65-0905742 Fort Lauderdale, FL Not Applicable Zip Zip Country **\$8.75** Additional 5. Certificate of Status Desired 33301 33301 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Peer Snoep Peer Snoep Street Address (P.O. Box Number is Not Acceptable) 100 N.E. 3rd Avenue, One East Broward Blvd. Suite 700 Fort Lauderdale, FL 33301-Suite 850 33301 Fort Lauderdale 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. Peer Snoep 4/17/00 SIGNATURE 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 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 11. 12 ☐ Addition ☐ Delete DPT NAME NAME Snoep, Peer STREET ADDRESS STREET ADDRESS 100 N.E. Wavecrest Court CITY - ST-ZIP CITY-ST-ZIP Boca Raton, FL 33432 Change Addition TITLE ☐ Delete TITLE NAME Moore, Richard J. NAME STREET ADDRESS STREET ADDRESS 1924 N.E. 31st Avenue CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL ☐ Addition Change TITLE ☐ Delete 'TITLE " NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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.

Peer Snoep, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(954) 713–8001 Daytime Phone #

4/17/00