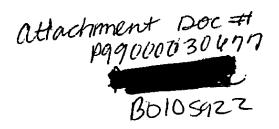
## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # PANOUND 36677 Sep 12, 2000 8:00 am Secretary of State 09-12-2000 90235 029 \*\*\*150.00 Principal Place of Business 10200 NI UNIOUVER 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Nurphe Applied For City & State City & State Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zig Code. City 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. SUSNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW ILL FEE IS \$150.00 pg. 77 Ansr. Max. 17 2000 Fee will be \$150.00 FE Max. Check Payable to Department of State ... 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requifernent and elects to do so. Trust Fund Contribution. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ■ Addition CRZE034 (9/99 ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70 ☐ Change ■ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME MAME STREET AGDRESS STREET ADDRESS ,ÇITY-ST-ZIP, CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Change Addition Delete TITLE NAME HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete NAME 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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or inustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ATURE AND TYPED OR PRI



## NEXTPAGE, INC 10200 NW 25TH ST UNIT 202 MIAMI, FL 33172 305-470-7243

DATE 8-18-00

**REF: ANNUAL REPORTS FILINGS** 

TO WHOM IT MAY CONCERN

WE HAVE MOVED TO OUR HEAD OFFICE TO THE NEW LOCATION NEXTPAGE INC 10200 NW 25TH ST UNIT 202

MIAMI, FL 33172 305-470-7243

WE DID NOT RECIEVED THE 2000 YEAR ANNUAL REPORTS FILINGS. I DID NOT KNOW THAT IT WAS NOT FORWARD TO US. PLEASE-UP-DATE OUR INFORMATION.

THANK YOU CAROLYN MITCHELL