>2000 UNIFORM BUSINESS REPORT (UBR) -DOCUMENT # P99000034328 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name DIVINE DEVELOP, INC. 04-14-2000 90045 001 \*\*\*150.00 04-14-2000 90045 002 \*\*\*\*\*8.75 Mailing Address Principal Place of Business 3920 N.W. 207TH STREET ROAD 3920 N.W. 207TH STREET ROAD MIAMI FL 33055-1143 MIAMI FL 33055 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 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL, GLENDALE Street Address (P.O. Box Number is Not Acceptable) 3920 N.W. 207TH STREET ROAD **MIAMI FL 33055** Zin 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. SIGNATURE 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. Addition TITLE Delete TITLE BYRD, KENYATHA NAME STREET ADDRESS STREET ADDRESS 3920 N.W. 207TH STREET ROAD CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33055 Perel SANUIT VICE PIES I Change ☐ Delete TITLE TITLE 586 N.W. 108 BRO NAME STREET ADDRESS STREET ADDRESS Miani, Fla 33168 CITY-ST-ZIP CITY-ST-7IP Blendale HAII 3980 N.W. 2018 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Miami, Pla. 33855 CITY-ST-ZIP CITY-ST-ZIP Byrd Kenyatha (TREasilise TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS Miuni, Pla. 33055 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Blendale Hall (SECRETA) ☐ Delete TITLE NAME NAME 3920 N.W. 2015 Rd STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if