2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000036475** Jul 19, 2000 8:00 am 1. Entity Name Secretary of State COMPOUND BROTHERS. INC. 07-19-2000 90019 002 ***150.00 Principal Place of Business Mailing Address 91 SW 31ST AVENUE 91 SW 31ST AVENUE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For -09/1889 Not Applicable Zip Country 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 NOFIL, JOSEPH K P.A. Street Address (P.O. Box Number is Not Acceptable) 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319 City Zip Code FL 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** Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PTSD** TITLE TITLE ☐ Change ☐ Addition Delete NAME **BLAIR. SELVYN** NAME STREET ADDRESS STREET ADDRESS 91 SW 31ST AVENUE CITY-\$T-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 refort 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.

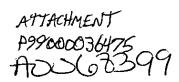
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/00

Daytime Phone #



Compound Brothers, Inc. 91 SW 31st Avenue Fort Lauderdale, FL 33312

July 7, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

P99000036475 -

Dear Sir or Madam:

I have received a notice that my corporate renewal has not been paid for 2000.

I have contacted your department and I have been advised to send this letter advising your department that I never received the first notice of corporate renewal.

Also, as per the instructions of your department I am including a check for \$150 to cover the renewal for this corporation for the year 2000.

Thank you for your attention in this matter.

Sincerely,

Selvyn Blair, President