2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000038919 Sep 07, 2000 8:00 am 1. Entity Name COMMERCIAL ATM ENTERPRISES. INC. Secretary of State 08-15-2000 90007 031 ***150.00 Principal Place of Business Mailing Address 1515 EAST BROWARD BLVD..STE.216 1515 EAST BROWARD BLVD..STE.216 FT.LAUDERDALE FL 33301 FT.LAUDERDALE FL 33301 PHANGE OF Appross 2. Principal Place of Business 3. Mailing Address 1160 N. FEDER Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ;*ī6*:724 City & State 4. FEI Number Applied For 092588 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENWOOD, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) -1515 EAST BROWARD BLVD., STE. 216 FILAUDERDALE FL 33301 City Zip Code FT. Lovanpall. 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CHAIS TO PHEN G. GALENWOOD NAME NAME FEDERAL HERY STE. 724 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 33304 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE MAMP = NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Onterwood &

8/4/00 Daytime Phone # HHACHMENT 9997729919 081400

Commercial ATM Enterprises, Inc.

1160 N. Federal Hwy, Suite 724 FT. Lauderdale, FL 33304

Phone (954) 523-6785 Fax (954) 523-6786

August 7, 2000

Division of Corporations Uniform Business Code P.O. Box 1500 Tallahasee, FL 32302-1500

To whom this may concern,

I did not receive this packet until one week ago, my mail has been forwarded for over 8 months and I never have a problem with it. I am enclosing the \$150.00 due, please update your records as to my new business address.

Sincerely,

Christopher G. Greenwood

President