2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000039064 May 18, 2000 8:00 am Secretary of State MIRTEK DEVELOPMENT CORPORATION 05-18-2000 90355 012 ***150.00 Mailing Address Principal Place of Business 19025 WEATHERSTONE DR. 19025 WEATHERSTONE DR. TAMPA FL 33647-1873 TAMPA FL 33647 2. Principal Place of Business 3. Mailing Address 1540 Gulf Blvd. Same as Principal Place Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59 - 363 1107 City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3*3767* 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HeSam Miran. Street Address (P.O. Box Number is Not Acceptable) BRITTAIN, DAVID R 101 E. KENNEDY BLVD., STE. 2700 1540 Gulf Blud. Suite 1603 **TAMPA FL 33602** 8. The above named entity submits this statement for the purpose of energing its registered office or registered agent, or both, in the State of Florida. Hesam Mirani 4/20/00 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. Change ☐ Addition President ☐ Delete TITLE MIRANI, LESLIE 19025 WEATHERSTONE DR. Leslie Miran NAME 1540 Gulf Blvd. Suite 1603 Clearwater, FL 33767 Hesan Mirani STREET ADDRESS STREET ADORESS TAMPA FL 33647 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME 1540 Gulf Blvd. Suite 1603 STREET ADDRESS STREET ADDRESS Clearwater, FL 33767 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-595-7425