2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P99000039069** May 19, 2000 8:00 am 1. Entity Name **Secretary of State** CYCLENATION, INC. 05-19-2000 90180 031 ***150.00 Principal Place of Business Mailing Address 200 S. BISCAYNE BLVD., STE 4900 200 S. BISCAYNE BLVD., STE 4900 MIAMI FL 33131-2303 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEEPLES, L. GRANT Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., STE 4900 **MIAMI FL 33131** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITI F PEEPLES, L. GRANT NAME NAME 200 S. BISCAYNE BLVD., STE 4900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE ☐ Change Addition ☐ 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.

Daytime Phone #