

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041621

1. Entity Name

MOST SUCCESS CORPORATION

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90004 014 ***150.00

| | |
|--|---|
| Principal Place of Business 1110 BRICKELL AVENUE SUITE 430 MIAMI FL 33131 | Mailing Address 1110 BRICKELL AVENUE SUITE 430 MIAMI FL 33131-3135 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-----------------------------|--|
| 4. FEI Number 65-0942260 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134 |
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| 7. Name and Address of New Registered Agent | |
| Name B. HEITMAN | |
| Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVENUE | |
| City MIAMI | Zip Code FL 33131 |

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.

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| SIGNATURE <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. | DATE 1/15/00 (NOTE: Registered Agent signature required when reinstating) |
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD HEITMAN, B 1110 BRICKELL AVENUE MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE 1/15/00 Date | DAYTIME PHONE # Daytime Phone # |
|--|-------------------------|------------------------------------|

CR2E034 (9/99)