2000 UNIFORM BUSINE'SS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000042278** 1. Entity Name MICHAELS NET WORKS, INC. 03-15-2000 90098 008 ***150.00 Mailing Address Principal Place of Business 10930 NW 6TH COURT 10930 NW 6TH COURT PLANTATION FL 33324-8112 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0924064 Not Applicable Country \$8.75 Additional Zip Country Zip! 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAVENDER, JOEL R ESQ Street Address (P.O. Box Number is Not Acceptable) 507 SE 11TH COURT FT LAUDERDALE FL 33316 Zip Code 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. DATE 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPT Change Addition TITLE Delete TITLE MCCAFFREY, MICHAEL NAME NAME 10930 NW 6TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP Change Addition Defete TITLE TITLE MCCAFFREY, ARLENE NAME 10930 NW 6TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Addition | Change Detete _ TITLE 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-ZIP Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

| SIGNATURE | Michael H. M. | Michael H. Michael H. Michael H. | Michael H. Michael H. |