2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000042904 Jul 21, 2000 8:00 am 1. Entity Name PROACTIV MANAGEMENT CORPORATION **Secretary of State** 07-21-2000 90158 034 ***558.75 Principal Place of Business Mailing Address 1845 CORPORATE LAKES BLVD. 1845 CORPORATE LAKES BLVD. WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address 2229 N. Commerce Pkwy 2229 North Commerce Pk Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE Applied For City & State 4. FEI Number 65-0929152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAMILOW, STEVEN F Street Address (P.O. Box Number is Not Acceptable) 9000 SHERIDAN ST., STE. 105 COOPER CITY FL 33024 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Change** ■ Addition TITLE TITLE Delete NAME FAMIGLIETTI, RICHARD NAME 2487 Princeton Court STREET ADDRESS 1845 CORPORATE LAKES BLVD. STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP WESTON FL 33326 Change Delete ☐ Addition TITLE TITLE PIERCE, NANCY J NAME PRINCETON Court STREET ADDRESS STREET ADDRESS 1845 CORPORATE LAKES BLVD. CITY-ST-ZIF CITY-ST-ZIP WESTON FL 33326 Addition TITLE Delete EPSTEIN, SAUL R NAME NAME STREET ADDRESS STREET ADDRESS 1941 LAFAYETTE RD. CITY-ST-ZIP CITY-ST-ZIP **GLADWYNE PA 19035** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.