2000 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2000 8:00 am DOCUMENT # **P99000044660** Secretary of State C & C IMPORTS OF POMPANO, INC. 03-29-2000 90074 043 ***150.00 Mailing Address Principal Place of Business 1830 N.E. 59TH COURT 1830 N.E. 59TH COURT FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-2108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable Country Zip \$8.75 Additional Zip Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FUCHS, LAWRENCE M Street Address (P.O. Box Number is Not Acceptable) 590 ROYAL PALM BEACH BLVD. **ROYAL PALM BEACH FL 33411** Zıp 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE-NOW!!!-FEE:IS.\$150.00 9. This corporation is eligible to satisfy its Intangible t**0**.≃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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPST** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCMILLEN, CHRISTIE A NAME NAME STREET ADDRESS 1830 N.E. 59TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Days Daystone Phone #

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