2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900047221 1. Entity Name						FILED Jun 08, 2000 8:00 am		
ANGLO AMERICAN HOLDINGS, INC.						Secretary of State		
Principal Place of Business Mailing Address					_	05-12-2000 90086 016 ***150.00		
124 NE 5TH A' DELRAY BEAC		124 NE 5TH AVE DELRAY BEACH FL 33483-5429						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State		4.	FEI Number 5 - 0922 108 Applied For Not Applicable			
Zip	Country	Zip	ZIp Country		1	Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent	<u> </u>		7.	Name and Address of New Registered Agent		
				Name				
MARSH, M. MARK 124 NE 5TH AVE				Street Address (P.O. Box Number is Not Acceptable)				
DELI	RAY BEACH FL 33483			-		Zip Code		
				<u> </u>				
	named entity submits this statement for	or the purpose of changing its	s register	ed office or r	egistered a	gent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature	required when	reinstating) DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2000 Fee Make Check Payable to Be				will be \$55	0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
11.	OFFICERS AND		12.		Α	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS		☐ Delete	TITLI NAM STRE		DIG. 124	DE SHAVE AND Addition		
CITY-ST-ZIP			+-	'-ST- 2/P		LRAY BEACH, FI 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	M.A	HARK MARSH NE 6TH AVE DELRAY BEACH FI 33483		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete			DAG 124	C. /DIR - Change Maddition VID CARMO NG 5+ H AUC DELRAY BEACH, F1 38483		
- 17116		Delete			-D/6	Change IN Addition		
NAME STREET ADDRESS			NAM	1	JAM	IES CARMO		
CITY-ST-ZIP				-ST-ZIP	124	NE E+H AVE DELRAY BEACH, FI 33483		
TITLE		☐ Delete	. fittl			☐ Change ☐ Addition		
NAME STREET ADDRESS			NAM	E ET ADORESS				
CITY-ST-ZIP			- 1	-ST-ZIP				
NTLE		☐ Delete	. TITL			☐ Change ☐ Addition		
NAME STREET ADDRESS		•		ET ADDRESS				
CITY-ST-ZIP	<u> </u>	11 1		-\$7-ZIP	•			
13. I hereby certify that the information supplied with thirfulling does not exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report a trips and accurring and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employeered 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 line empowered.								
SIGNATURE: 4/27/00								
	SHOWATHER AND TYPE OR I	PRINCED HAMP OF SIGNING OFFICER	OR DURFOT	ROR		Date Dayling Phone *		