2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000052069 Mar 13, 2000 8:00 am 1. Entity Name Secretary of State GREGNAT, INC. 03-13-2000 90027 016 ***150.00 Principal Place of Business Mailing Address 4119 NORTH STATE ROAD 7 4119 NORTH STATE ROAD 7 SHITE 206 SUITE 206 FORT LAUDERDALE FL 33319-4826 FORT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address 326 KIVEREIDS 326 RIVERSIDE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number tompan o Bu OMPANO BEACH 65-09252 Not Applicable Country S A \$8.75 Additional 5. Certificate of Status Desired **₹%** 306 2cFee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GREE CARR SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE <u> 41 12€CS /DE</u> CORAL GABLES FL 33134 Zip Code 306 8. The above named entity s prinits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ----FILE NOW!!! FEE:IS \$150.00-9. This corporation is eligible to satisfy its Inter 10. 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 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSD** ☐ Delete ☐ Addition TITLE TITLE NAME CARR, GREG 26 RIVERSIDE STREET ADDRESS 4119 NORTH STATE ROAD 7 STREET ADDRESS 06 V CITY-ST-ZIP CITY-ST-ZIE FORT LAUDERDALE FL 33319 **VTD** ☐ Change Delete TITLE Addition TITLE WOLF, NATHAN NAME NAME STREET ADDRESS STREET ADDRESS 4119 NORTH STATE ROAD 7 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33319 Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TrTLE ☐ Change Addition .. 6. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.