2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 199000052321 May 01, 2000 8:00 am Secretary of State FUNDRAISER CARD INC. 05-01-2000 90005 036 \*\*\*150.00 Principal Place of Business Mailing Address 11167 N.W. 65TH COURT SIME PARKLAND FL 33076 C0076086 2. Principal Place of Business 3. Mailing Address 11167 NW 65TM Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65-0939611 FL arkland Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JEFFREY WALLACH Street Address (P.O. Box Number is Not Acceptable) 11167 N.W. 65TH COURT PARKIAND FL 33076 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Delete TITI F ☐ Change Addition PRESIDENT TITLE JEFFREY WALLACH NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T(T) F ☐ Change ☐ Addition ☐ Delete HILE NAME STREET ADDRESS SUBBELL ADDRESS DITI: ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE HILE NAME STREET ADDRESS STREET ADDRESS T ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI E ☐ Delete 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 receive or trustile empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if dress, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR