2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental rep

with all other like empowered

TED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver of changed, or on an attachment w

SIGNATURE:

DOCUMENT # **P99000053448** May 04, 2000 8:00 am Secretary of State CHECKMATE STRATEGIC GROUP INC. 05-04-2000 90137 002 ***150.00 Principal Place of Business Mailing Address 1900 SUNSET HARBOUR DR. SUITE 1214 1900 SUNSET HARBOUR DR. SUITE 1214 MIAMI FL 33139-1436 MIAMI FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE quired when reinstating) 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 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITI F MCGARA, JENNIFER L NAME NAME STREET ADDRESS 1900 SUNSET HARBOUR DR. SUITE 1214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33139** ☐ Addition ☐ Change ☐ Delete TITLE NAME GILBEAU, TERRY L NAME STREET ADDRESS 1900 SUNSET HARBOUR DR, SUITE 1214 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33139** ☐ Delete _ 🔲 Change ☐ Addition TITLE TITLE NAME 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-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 Hereby certify that the information supplied

uster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if