**2001 UNIFORM BUSINESS REPORT (UBR)** 

SIGNATURE:

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P99000055560 1. Entity Name THE DICE & TAFFY CORPORATION 04-30-2001 90322 046 \*\*\*150.00 Principal Place of Business Mailing Address 7145 W 20TH AVE 7145 W 20TH AVE HIALEAH FL 33014 HIALEAH FL 33014 2. Principal Place of Business 3. Mailing Address 3200 Nev 3200 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-0997839 N eston Mestor Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Barry $\lambda tim C$ CORPORATION SERVICE COMPANY Street Address (P.O./Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Mexidian 3200 Zip Code <u> 3</u>333 8. The above name entity tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Addition SMITH, BARRY NAME NAME SMITH, BARRY STREET ADDRESS STREET ADDRESS 7145 W 20TH AVE 3200 Meridian Pkwy. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 Weston, Fl. 33331 Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST\_ZIP .CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7fP 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 employmental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment w like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR