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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000057680 MELBA J. GRIFFITH, P.A. 04-24-2001 90327 027 ***150.00 Principal Place of Business Mailing Address 1975 EAST SUNRISE BLVD STE 501 1975 EAST SUNRISE BLVD STE 501. FORT LAUDERDALE FL 33304 EORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address 40 BRIAN LYNNI CAR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE IWO SO, UNINGACITY DR City & State City & State 4. FEI Number Applied For 65-0928092 LANTATION Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Brownin 33324 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIFFITH, MELBA J Street Address (P.O. Box Number is Not Acceptable) 1975 EAST SUNRISE BLVD STE 501 FORT LAUDERDALE FL 33304 Zip Code F 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 reinstation) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F D ☐ Delete TITLE CR2E034 (10/00) Change ■ Addition NAME GRIFFITH, MELBA J NAME STREET ADDRESS 1975 EAST SUNRISE BLVD STE 501 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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.