2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

URE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

DOCUMENT # P99000063723 May 05, 2000 8:00 am Secretary of State 1. Entity Name I.L.D. GROUP CORPORATION 05-05-2000 90100 028 ***150.00 Principal Place of Business Mailing Address 5432 NORTHEAST 21ST TERRACE 5432 NORTHEAST 21ST TERRACE FORT LAUDERDALE FL 33308-3123 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 3042 N. Federal Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 200 Applied For City & State 4. FEI Number City & State 65-0934247 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 33306 4 Z O 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Danas Marie France SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 3042 N. Federal Hu Zip Code 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. Morie France Danan Banplain FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PTD **PSTD** TITLE ☐ Delete TITLE Danan Patrick DANAN, PATRICK NAME NAME 3042 N.F. de Mad Huy # 200 5432 NORTHEAST 21ST TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 FORT Lander dele CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME Danan Marie Fra STREET ADDRESS 3042 N. Fodoral Huy STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete 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 Addition ☐ Delete TITLE TITLE 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