

AMENDED

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065725				FILED CLERK OF STATE DIVISION OF CORPORATION 00 OCT 16 PM 2:36	
1. Entity Name CAMVIEW, INC.					
Principal Place of Business 2030 N.E. 31ST AVENUE FT. LAUDERDALE FL 33305		Mailing Address 2030 N.E. 31ST AVENUE FT. LAUDERDALE FL 33305		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0951071	Applied For Not Applicable
5. Certificate of Status Desired ☐				8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKER, BRENDA 1500 N.W. 49TH STREET SUITE 608 FORT LAUDERDALE FL 33309				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HACKER, BRUCE 2030 N.E. 31ST AVENUE FT. LAUDERDALE FL 33305	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUBACKY, TRACI 2030 NE 31ST AVENUE FT LAUDERDALE, FL 33305	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003448260 -10/26/00--01049--008 *****61.25 *****61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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.					
SIGNATURE: <i>[Signature]</i>			7/31/00 954-423-2000		

Traci Kubacky, Pres

10/5/00 954-401-5900