## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900068708 Apr 28, 2000 8:00 am Secretary of State BRISTOL CONSULTING SERVICES, INC. 04-28-2000 90053 024 \*\*\*150.00 Mailing Address Principal Place of Business 1900 DECKER SCHOOL LANE 1900 DECKER SCHOOL LANE MALIBU CA 90265-2339 MALIBU CA 90265-2339 do Steve Danner Kone, Holfman 3. Mailing Address 1101 Brickell Ave. 1101 Bricke Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite M-101 Suite M-101 City & State Applied For City & State 4. FEI Number Miani Miam Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired USA 3313 33131 ひらん Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Steve Vanner JONATHAN J. LICHTMAN, P.A. Street Address (P.O. Box Northber is Not Accepta 4800 N. FEDERAL HIGHWAY SUITE D-100 **BOCA RATON FL 33431** Miami 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12.

9. This corporation is eligible to satisfy its Intangible (See criteria on back)

11. clo Kane Hoffman & Danner Winange 1101 Brickell Ave., Suite M-101 ☐ Delete TITLE TITLE PROUTY, RANDALL H NAME Midmi, FL 33131 Attn: Steve Danner STREET ADDRESS 1900 DECKER SCHOOL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALIBU CA 90265-2339 ☐ Addition Delete TITLE DANNER, STEPHEN NAME STREET ADDRESS 1101 BRICKELL AVENUE SUITE 1402 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** ☐ Change Addition Delete TITLE TITLE NAME LICHTMAN, JONATHAN J NAME STREET ADDRESS STREET ADDRESS 4800 N. FEDERAL HIGHWAY SUITE D-100 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE 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

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

SIGNATURE:

OFFICER OR DIRECTOR 4-20-00 Date