2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **P99000070109** PARROT RIVER TRADING COMPANY 05-17-2000 90944 003 ***150.00 Mailing Address Principal Place of Business 767 ARTHUR GODFREY ROAD 767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140-3413 MIAMI BEACH FL 33140-3413 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEL Number City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEINBERG, RICHARD L ESQ Street Address (P.O. Box Number is Not Acceptable) 767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140-3413 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12 K Change ☐ Addition Delete TITLE TITLE STEINBERG, PAUL B NAME NAME STREET ADDRESS 767 ARTHUR GODFREY ROAD STREET ADDRESS CITY-ST-ZIP lianic black FL 33140 CITY-ST-7IP MIAMI BEACH FL 33140-3413 Addition | ☐ Delete Change TITLE TITLE J Frederic Blitskin NAME NAME 767 orthur God frey ed STREET ADDRESS STREET ADDRESS liani Block F133140 CITY-ST-ZIP CITY-ST-ZIP -☐ Change Addition TITLE ☐ Delete Steven Alban Elias NAME NAME Tier conjur Godfrey Kd STREET ADDRESS STREET ADDRESS Mani Boarh Fr CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attactment with all other like empowered.

Daytime Phone #

Date