2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P99000072186 May 04, 2000 8:00 am Secretary of State 1. Entity Name LATVYS REALTY INC. 05-04-2000 90100 043 ***150.00 Principal Place of Business Mailing Address 2915 W. PAXTON AVE. 2915 W. PAXTON AVE. TAMPA FL 33611-4013 TAMPA FL 33611 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For v & State City & State Not Applicable Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATVYS, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 2915 W. PAXTON AVE. **TAMPA FL 33611** Zip Code City 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) DATE 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE LATVYS, MICHAEL A NAME NAME 2915 W. PAXTON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33611** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change □ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐,Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 apcurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or pustee employered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the rece changed, or on an attachment with