2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 11, 2000 8:00 am Secretary of State DOCUMENT # P99000074952 ALLIANCE OVERSEAS, INC. 06-08-2000 90016 047 ***150.00 Principal Place of Business Mailing Address 256 COMMERCIAL BLVD. 256 COMMERCIAL BLVD. LAUDERDALE BY THE SEA FL 33308-4439 LAUDERDALE BY THE SEA FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0944415 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEHLING, MARTIN Street Address (P.O. Box Number is Not Acceptable) 1960 N.W.-33 ST. OAKLAND PARK FL 33309 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. CHARLOTTE PEJCINOVIC Change 256 COMMERCIAL BLVD TITLE Delete TITLE NAME NAME CR2E034 LANDERDALE BY THE SEA FL 33308 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARTIN GEHLING Change TITLE ☐ Detete TITLE NAME 256 COMMERCIAL BLUD STREET ADDRESS STREET ADDRESS LAUDERZBALE BY THE SEA FL 33308 CITY-ST-ZIP CITY-ST-7IP . Oelete -..-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP.= CITY-ST-ZIP-Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C11Y-S1-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME 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 regist 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 trusted and where 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 any original symbol of the corporation of the corporatio

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