2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State **DOCUMENT #** P99000075220 1. Entity Name 05-14-2002 90020 020 ***150.00 AMALIA IVEY INC. Principal Place of Business Mailing Address 2008 SUNDERLAND AVE 2008 SUNDERLAND AVE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0946317 Not Applicable Žip Country = 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IVEY, AMALIA Street Address (P.O. Box Number is Not Acceptable) 2008 SUNDERLAND AVE **WELLINGTON FL 33414** City 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME IVEY, AMALIA NAME STREET ADDRESS 2008 SUNDERLAND AVE STREET ADDRESS CITY-ST-ZIP **WELLINGTON FL 33414** CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CHY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Thereby certify that the mormation supplied with this limit does not qualify for the exemption stated in Section 113.07(3)(i), Florida Statutes. Finding does not find 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

24/02