## 3/7 🚅 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State OCUMENT # P99000077786 TACTIVE BUSINESS SERVICES, INC. 03-07-2000 90089 001 \*\*\*150.00 Mailing Address - Place of Business 2949 SW 53RD ST. SW 53RD ST. DAIL EF 33315 FT. LAUDERDALE FL 33312-6190 vincipal Place of Business Mailing Address SAME 949 SW.53 DO NOT WRITE IN THIS SPACE Apt #, etc. Suite, Apt. #, etc ny & State Applied For 4. FE! Number City & State 65-09 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARIA VICTORIA, ROSAMARIA Street Address (P.O. Box Number is Not Acceptable) 2949 SW 53RD ST. FT. LAUDERDALE FL 33312 Zip Code 333 he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 3-3-2000 reduited when reinstating) FILE NOW!!! FEE IS \$150.00 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 (66/6) Delete Addition TITLE NAME CR2E034 STREET ADDRESS ST-ZIP CITY-ST-ZIP 1949 SW. 53+d St. ORT LAUDERDALE Addition ☐ Change MLE NAME STREET ADDRESS · AMARES 333/Q CITY-ST-ZIP ST-ZIP Addition Change ☐ Delete TITLE NAME \*\*\*\*\*\*\*\* STREET ADDRESS ST-Z19 CITY-ST-ZIP TITLE ☐ Change Addition Delete NAME - knameng STREET ADDRESS CITY-ST-ZIP ST-792 Change Addition Delete TITLE NAME STREET ADDRESS MONETO CITY-SY-ZIP ST - ZIP Delete TILE □ Change Addition NAME «пър**ссе** 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 changed, or on an attachment with an address, with all other like empowered.

THATURE: POSMIM. VICTORIA - RISAY. Lietaria 3-3-00 985-096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description of the printed Name of Signing Officer or Director

Date

Description of the printed Name of Signing Officer or Director

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