2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # P99000083211 N.T.H.V. ENTERPRISES, INC. 03-23-2000 90018 007 ***150.00 Mailing Address Principal Place of Business 2811 E. COMMERCIAL BLVD. 2811 É. COMMERCIAL BLVD. FORT LAUDERDALE FL 33308-4205 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 8118 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired 308 Fee Required DURAGE roward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WENZEL, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 980 N. FEDERAL HWY. SUITE 440 **BOCA RATON FL 33432** Zin Code F١ 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) 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 CR2E034 (9/99 Change Addition ☐ Defete TITLE TITLE Hesident NAME NAME Hector Villanueva STREET ADDRESS STREET ADDRESS 167 E. Mein St. Bergenfreld NT CITY-ST-ZIP CITY-ST-ZIP 7621 Addition Se. Vice President ☐ Change TITLE ☐ Delete Namey Uslianiceva NAME STREET ADDRESS STREET ADDRESS 169. E. Mayn St. Berecent CITY-ST-ZIP CITY-ST-ZIP 心丁 のひして Change Addition VICE President TITLE Tamatha VILLAUNEUR NAME 2225 SW 15th St. # 223 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-78P Deenfreld Beach, FL VILE Presidens ☐ Change Addition TITLE Delete Peter marraides #223 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

SIGNATURE: 9

3/21/00

Daytime Phone #