FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P99000093299 HEAVEN SENT LC ENTERPRISE, INC. 06-09-2000 90213 031 ***150.00 Mailing Address Principal Place of Business 3474 PALLADIAN CIRCLE 3474 PALLADIAN CIRCLE DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-09564 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISCHLER, MICHAEL A ESQ. Street Address (P.O. Box Number is Not Acceptable) FISCHLER & FRIEDMAN, P.A. 116 SOUTHEAST 6TH COURT FORT LAUDERDALE FL 33301 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00. 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 12, SOLE CORPORATE OFFICER Delete LORI CRISTIN COOK- ANNUNZIATA 3474 PALLADIAN CIR. CR2E034 (5/00) ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DEERFIELD BCH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 1 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

Gestdert.

(954) 360-7012 Davime Phone #

Florida Nept of STATE CATCRIP. aug 7:00 Us per our conversation enclosed is the corrected form and a capy of. H.O. Claim which occurred on June 16,2000 leaving me unable to occupy my home and for retieve mail Construction has not been completed and problem with Ins. Co prevented an immediate response. - a Ha Ins. Complaint was feled with Ft. Louder dale Specialist Harry. Thank you for your help & pateince regarding this shatter Senerally Sprif Lowh Aming ote HEAVEN SENT GATERP. Inc.

•	-		
, · · · ·	PARTIAL - 2ND ADVA	•	102561
Amount of Policy at Time of Loss	SWORN STATEMENT IN PRO	OF OF LOSS	CNA-poppy
Amount of Policy at Time of Loss	то	-	Policy Number
ELEFIELD BEACH, FL	CIVA REINSON	24.//4-	•
Agency At	INSURANCE COMPAN		Agency At
TURITY INSURANCE, INC.			•
Agent	•	-	Agent
· · · /	ARIE CARL DINGER	مند .	
	ORIE COOK - ANNUNZ	Bride you ristred	
· f	CIRCLE DEER		. El 33/43
		₹	
inst loss by WATER DAMA policy and all forms, endorsements, transfers a	96Eu	on the property describ	ped according to the terms and conditions
policy and all forms, endorsements, fransfers a	and assignments attached thereto.		- -
Time and Origin: A WATER DAY		וויסקו בעונהססס	o'clock AM., on the 15
day of June 2000 . The	cause and origin of said ioss were:	Prince BAGE KIN	VE IN 2" FLOOR MASTE
BATHROOM BROKE, FLOOR	DING AREAS ON BO	TH / LADE 5	
=erry involved in Claim:		AL .	
Occupancy: The building described or contain			and follows and format all
Maibre PERSONEL De		DIEG at the time or loss a	as lonows, and for room to porcose
1			
This paid interest: At the time of the loss the !	uterest of אַנְיִייר וְנִיפִּיינִינְיִלְ נְיִלְ הַנְּיִפְּיִם וְמִּבְּיִים מְלֹי בְּיִלְ הַנְיִינִים וְנִיבְּי	described herein was _	OWNER
·	No other perso	or entity had any oto	rest therein or incumbrance thereon, exce
BANK	OF AMERICA M	7,2	
:			
Character Street About a district and the street an			
Changes: Since the above policy was issued to	_ J	ar managas da di nagi un	ready prospi
	IVU E SPTISACS		
		I	
The total insurance devering the described p	συρατιγ including this policy and all oth-		
The Lotal Insurance buvering the assurbed place of time of loss	ιτυματιγ including this policy and all oth	er policies (whether vali	
end of time of loss	e of loss		200. **
end of time of loss	e of loss		200. **
Full Replacer Kint Cost of said property at time	HOF OF LOSS ADVANCE PAYMENT	5	\$ 57000.00_
Full Replacer Kt Cost of said property at time Cost of Repair Cost of Replacement	HOF DES ADVANCE PAYMENT) // (5,000.00 \$\land 5
Full Replacer Kt Cost of said property at time. Cost of Repair Cost of Seplacement Cost. Inclinable Depresentian	OF Fielplacement Cost	Loss	\$ \(\frac{5}{200} \). \(\sigma \) \(\sigm
Full Replacer Kint Cost of said property at time Cost of Repair of Replacement of Repair of Re	Pe of loss ADVANCE PAYMENT Freplacement Cost Insured	Loss	\$ 5,00° 00
Full Replacer Kint Cost of said property at time Cost of Repair of Replacement Cost of Repair of	Pe of loss ADVANCE PAYMENT Freplacement Cost B Insured Replacement Cost	Loss	\$ \(\frac{1}{2} \)
Full Replacer what Gost of said property at time Cost of Repair of Replacement Cost of Repair of	ADVANCE PAYMENT Freplacement Cost Be Insured Replacement Cost with the terms and conditions of the	Loss	\$ 5,00°.00 \$ 5,00°.00
Full Replacer what Cost of said property at time Cost of Repair of Replacement Cost of Replacement Cost of Replacement Cost Costology which continues to the Replacement Cost Costology which	ADVANCE PAYMENT Discontinuous frequencies forms and conditions of the days from date of loss will	Loss	\$ 5,000,00 \$ 5,000,00
Full Replacer vt Cost of said property at time Cost of Repair. De Replacement Cost of Repair Depresentian	Apvarce PA/MENT Freplacement Cost Be insured Replacement Cost with the terms and conditions of the days from date of loss will	Loss	\$ 5,000,00 \$ 5,000,00
Full Replacer Kint Cost of said property at time Cost of Repair of Replacement (A. Cost of Repair of Replacement Cash Value Loss Typical Cash V	ADVANCE PAYMENT ADVANCE PAYMENT Frequiacement Cost Be insured Replacement Cost with the terms and conditions of the days from date of loss will Concurrence of the insured, or this sub-	Loss Loss Scriber; nc hing residee	\$ 5,000,00
Full Replacer with Cost of said property at time Cost of Repair of Replacement (Cost One) (Cost of Repair of Repair of Cost One) (Cost of Repair of Cost One) (Cost of Cost of Co	ADVANCE PAYMENT ADVANCE PAYMENT Frequiacement Cost with the terms and conditions of the days from date of loss will concurrement of the insured, or this sub- the policy; no articles are mentioned here are dat the time of loss; no property si	Loss Scriber; no hing resided sin or in an lex resided aved as bean resided	\$ 5,000,000 \$ 5,000,000 \$ 5,000,000 \$ 1,0
Full Replacer Kint Cost of said property at time Cost of Repair of Replacement Cost of Repair of Replacement Cost of Repair of Replacement Cost Cost of Repair of Replacement Cost Cost of Repair of Replacement Cost Cost of Repair of Repair of of Repai	ADVANCE PAYMENT ADVANCE PAYMENT Preplacement Cost with the terms and conditions of the days from date of loss will concurrement of the insured, or this sub- the policy; no articles are mentioned here are det the time of loss; no property significations of the furnished and considered a	Loss Scriber; nc hing res bee hin or in an lex res steed aved as been research part of this const.	\$ 5,000.00 \$ 5,000.00 \$ 1,00
Full Replacer whit Cost of said property at time Cost of Repair of Replacement Cost of Repair of Replacement Cost of Repair of Replacement Cost Cost of Repair of Repa	ApvavCE PAYMENT ApvavCE PAYMENT Be insured Replacement Cost with the terms and conditions of the days from date of loss will curement of the insured, or this sub- the policy; no articles are mentioned here are det the time of loss; no property since the furnished and considered a	scriber; nc hing 1.5 s bee ain or in an lex extended aved as bran 10 ealed part of thi "prop"; ne assista 6 digital adjuit	\$ 5,000,000 \$ 5,00
Full Replacer what Cost of said property at time and Cost of Repair of Replacement (1997). Cost of Repair of Replacement (1997). Actual Cash Value Loss Less deductibles and/or participation by the Replacement Claim, to be find in appointment (1997), and did not originate by any actual cost of the State of States o	ApvavCE PAYMENT ApvavCE PAYMENT Be insured Replacement Cost with the terms and conditions of the days from date of loss will curement of the insured, or this sub- the policy; no articles are mentioned here are det the time of loss; no property since the furnished and considered a	scriber; nc hing 1.5 s bee ain or in an lex extended aved as bran 10 ealed part of thi "prop"; ne assista 6 digital adjuit	\$ 5,000,000 \$ 5,00
Full Replacer with Cost of said property at time Cost of Repair of Replacement (Cost of Repair of Rep	ApvavCE PAYMENT ApvavCE PAYMENT Be insured Replacement Cost with the terms and conditions of the days from date of loss will curement of the insured, or this sub- the policy; no articles are mentioned here are det the time of loss; no property since the furnished and considered a	scriber; nc hing 1.5 s bee ain or in an lex extended aved as bran 10 ealed part of thi "prop"; ne assista 6 digital adjuit	\$ 5,000,000 \$ 5,00
Full Heplecer vist Cost of said property at time Cost of Repair of Replacement (1997). Cost of Repair of Replacement (1997). Actual Cash Value Loss Less deductibles another participation by the seal Cash Value Loss Proprement Claim, to be filed in propertional transportation of the cost of t	ApvavCE PAYMENT ApvavCE PAYMENT Be insured Replacement Cost with the terms and conditions of the days from date of loss will curement of the insured, or this sub- the policy; no articles are mentioned here are det the time of loss; no property since the furnished and considered a	Scriber; nc hing 1.5 s bee hin or in an lex stated aved as bran to eafed part of this part of this part of the assistance of the state	\$ 5,000.00 \$ 5,000.00 \$ 5,000.00 \$ 1,00
Full Replacer with Cost of said property at time. Cost of Repair of Replacement of Said property at time. Cost of Repair of Replacement of Said property at time. Cost of Repair of Replacement of Said Cost Value Loss. Less deductibles and/or participation by the Said Cost Value Loss. Experiment Claim, to be filed in accordance to the Said Cost Coverage where not exceed. Cost of Said Cost Coverage where not exceed. Cost of Said Cost Coverage where the subscriber to violate the conditions of the Said Said Cost of Said Said Said Said Said Said Said Said	Replacement Cost with the terms and conditions of the days from date of loss will concurrent of the insured, or this substitution; no articles are mentioned here and the time of loss; no property situation of this blank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the conditions of the conditions	scriber; no hing 1.5 s bee sin or in an lex standard as been ealed part of this one adjust olicy.	\$ 5,000.00 \$ 5,000.00 \$ 5,000.00 \$ 1,00
Full Replacer vist Cost of said property at time Cost of Repair of Replacement (Cost Object of Repair	Replacement Cost with the terms and conditions of the days from date of loss will concurrent of the insured, or this substitution; no articles are mentioned here and the time of loss; no property situation of this blank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the insured or the conditions of this plank to the conditions of the conditions	Scriber; no hing response stated as be an expectation of this considered as the state of the sta	\$ 5,000.00 \$ 5,000.00 \$ 5,000.00 \$ 1,00