## 2000 UNIFORM BUSINESS REPORT (UBR) Aug 30, 2000 8:00 am Secretary of State 24 HOUR CLUCK, INC. 06-30-2000 90002 044 \*\*\*150.00 08-30-2000 90002 013 \*\*\*550.00 p.0. 300 741 Mailing Address P.O. BOX 741 2316 SW ITO STREET ARCHER FL 32618 ARCHER, FL 32618 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65.0968091 Not Applicable \$8.75 Additional Country Country Zio .5. .Certificate of Status Desired --Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSE FRONDA ESPEJO Street Address (P.O. Box Number is Not Acceptable) 10880 NW 29 MANOR, SUNRISE, FL 33322 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. ☐ Change PRESIDENT. TITLE JOSE FRONDA ESPESTO NAME STREET ADDRESS APPRECE 1980 NW 29 MANOR CITY-ST-ZIE ST ZIP Addition Change ☐ Delete TITLE NAME LE MENESS STREET ADDRESS CITY-ST-7IP ST-ZIP \* Change | Addition TITLE □ Delete NAME STREET ADDRESS The Anteres CITY-ST-ZIP ST ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS TIT APPROPRIE CITY-ST-ZIP ST-719 ■ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS :: FT AIYORESS CITY-ST-ZIP ST ZIP Addition ☐ Change TITLE ☐ Defete NAME REEJ ADDRESS 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 suppliemental 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. 954)741-270 6.22 2000

## Attachment # 199000094019 2000 UNIFORM BUSINESS REPORT (UBR)

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1. Entity Nam	MENT # P990000	096019		·	- <del>-</del>		
Principal Elac 10316 SW 170 ARCHER FL 32	rst.	Mailing Address  10010 SW 170 ST. ARCHER FL 02618  ARCHER, FL 326					
	Place of Business	Sw 170 81					
Suite Apt.		Suite, Apt. #, etc.		-	DO NOT WRITE IN	I THIS SPACE	
City & State ARCHER FLOR (DA ARCHER			CORIDZ	4. FEI Number	0968091		Applied For Not Applicable
3261	Country US17	Zip C 3 2 6 18 C	ountry. USA	5. Certificate o	f Status Desired [	\$8.75 Fee Reg	Additional Juired
	6. Name and Address of Current	Registered Agent	Ala	7. Name and A	ddress of New Regis	tered Agent	
ESPEJO, JOSE F 10880 NW 29 MANOR SUNRISE FL 33322-1030			Street Address	(P.O. Box Number	is Not Acceptable)	?	
			City	<del></del>	r	FL Zip	Code
8 The above	named entity submits this statement fo	r the purpose of changing its regis	stered office or regist	ered agent, or both	 . in the State of Florida		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FI After SEPTEMBER 13, 20 Make Check Payable to	000 Min. will be \$7	tate Trus	tion Campaign Financi t Fund Contribution.	□ A	5.00 May Be
11.	OFFICERS AND		12.	ADDITIONS/C	CHANGES TO OFFICER		
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13. I hereby	certify that the information supplied with on this report or supplemental report is provided no or the receiver or trustee empty the broad and doors.	this filing does not qualify for the true and accurate and that my sign owered to execute this report as re	exemption stated in	e same legal effect.	as it made under oatn:	: that i am an oii	ncer or director

SIGNATURE:

SIG JOSEPH DE LE SIGNING OFFICER ON DIRECTOR

8-20-2000 (954) 741-270