2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000096484 May 24, 2000 8:00 am Secretary of State 1, Entity Name FRIENDLY CONSTRUCTION COMPANY 04-28-2000 90034 028 ***150.00 Principal Place of Business Mailing Address 855 HOLLYWOOD BOULEVARD 855 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33019 HOLLYWOOD FL 33019-1603 2. Principal Place of Business Mailing Address ST. P.O. Box 222032 HARRISON Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Hollywood Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired 33020 U. S. A USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALDINI, DAVID J Street Address (P.O. Box Number is Not Acceptable) VALDINI & PALMER, P.A. 1451 WEST CYPRESS CREEK RD., STE. 300 FT. LAUDERDALE FL 33309 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 FILE NOW!!! FEE IS \$150,00 9. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. President Delete ☐ Change Addition TITLE TITLE LOUIS FRIEND NAME NAME STREET ADDRESS 1411 HARRISON STREET ADDRESS ċ 33020 CITY-ST-ZIP HOLLY WOOD CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 🔲 Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delate TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THIE ☐ Chance ☐ Addition

13. Thereby 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 vi or Block vi o

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Delete

Trend 4/20/0

Davisma Phono #

☐ Change

Addition