2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P99000098221 51C INVESTMENT CORP 05-03-2000 90055 015 ***150.00 Principal Place of Business Mailing Address 51C PRESCOTT ··· PRESCOTT ្រពួម០ម្មគុប ___ BEACH FL 33442 **DEERFIELD BEACH FL 33442** 2. Principal Place of Business 3. Mailing Address si-c Piescott Deerfield DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State Pecr FicV FEI Numbe 4. FEI Number 65-096 5299 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LABELLO; JOANN Street Address (P.O. Box Number is Not Acceptable) 51C PRESCOTT **DEERFIELD BEACH FL 33442** 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. Change TITLE ☐ Delete TITLE NAME Carpenter III STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME c PRESCOTT STREET ADDRESS STREET ADDRESS يحديجوالم لكامير CLTY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 changed, or on an attachment with an address, wi

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(66/6)

CR2E034