2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000098895** May 08, 2000 8:00 am Secretary of State 1. Entity Name EDUCATIONAL TRADING TOOLS, INC. 05-08-2000 90141 030 ***150.00 Principal Place of Business Mailing Address 200 EAST PALMETTO PARK ROAD #101 200 EAST PALMETTO PARK ROAD #101 **BOCA RATON FL 33432-5043 BOCA RATON FL 33432** 000 DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent: Name and Address of Current Registered Agent Name BRENNER, STANLEY R ESQ. Street Address (P.O. Box Number is Not Acceptable) 200 EAST PALMETTO PARK ROAD #101 **BOCA RATON FL 33432** rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity symmits Signature, type ted name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. Addition TITLE ☐ Delete TITLE NAME KATZ, DAVID NAME STREET ADDRESS 7534 SALLY LYN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WORTH FL 33467 Change Addition ☐ Delete TITLE TITLE BRENNER, STANLEY R NAME NAME STREET ADDRESS STREET ADDRESS 200 EAST PALMETTO PARK ROAD #101 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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 than empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PR DIRECTOR

1 4/24/2000

561-367-7777

Daytime Phone #