2000 UNIFORM BUSINESS REPORT (UBR) FILED May 19, 2000 8:00 am Secretary of State DOCUMENT # P99000102531 Entity Name Vero Partners, Inc. 05-19-2000 90102 015 ***150.00 Mailing Address Principal Place of Business 4785 NW 76th Street 4785 NW 76th Street Coconut Creek, FL 33073 Coconut Creek, FL 33073 2. Principal Place of Business 3. Mailing Address 9543 NW 52nd Place 9543 NW 52nd Place DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Coral Springs, FL Coral Springs, FL 65-0963825 \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33076 33076 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Angelopoulos, Anne W. Angelopoulos, Anne W. Street Address (P.O. Box Number is Not Acceptable) 4785 NW 76th Street Coconut Creek, FL 33073 9543 NW 52nd Place ^{Zig} 2876 ^CCoral Springs, 8. The above narmed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition X Change Director, President ☐ Delete TITLE TITLE NAME Anne W. Angelopoulos NAME STREET ADDRESS STREET ADDRESS 4785 NW 76th Street 9543 NW 52nd Place CITY-ST-ZIP Cóconut <u>Creek,</u> Coral Springs, FL 33076 TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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 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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Forbid statutes. Filinfiel certify 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 adoless, with all other like empowered.

SIGNATURE: / L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OTHER W. Angelopoulos

1/19/00 954/757-726)