## **FILED** 2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000109425 1. Entity Name 05-04-2000 90096 026 \*\*\*150.00 CAL-LAK, INC. Mailing Address Principal Place of Business 221 LAKEVIEW AVE., 17TH FLOOR LAKEVIEW AVE..17TH FLOOR 652002 WEST PALM BEACH FL 33401 F PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEL Number 65-0969623 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REGSERV CORP. Street Address (P.O. Box Number is Not Acceptable) 221 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401 Zip Code City anging its registered office or registered agent, or both, in the State of Florida 8. The above Regsery Corp. (NOTE: Registered Agent signature required when reinstating) Mark Nussbaum, Vice President 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Detete TITLE Mark A. Ferrucci NAME NAME RENDINA, BRUCE A CT Corporation System STREET ADDRESS STREET ADDRESS 221 LAKEVIEW AVE., 17TH FLOOR 1209 Orange Street CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Wilmington, DE 19801 ☐ Delete TITLE VP/S/T NAME Patrick J. DiSalvo NAME 222 Lakeview Avenue, 17th Floor STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 supplied that it 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 receivery. This see employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receipt

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo Vice President

CR2E034 (9/99)