2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 10, 2000 8:00 am Secretary of State DOCUMENT # P99000109487 1. Entity Name FIRST AVENUE, INC. 03-10-2000 90010 018 ***150.00 Principal Place of Business Mailing Address 1569 ANDERSON AVE. 1569 ANDERSON AVE. FT. LEE NJ 07024 FT. LEE NJ 07024 3. Mailing Address 2. Principal Place of Business 765 Mountain Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 322 Applied For 4. FEI Number City & State 58-252/5/7 SPRING Not Applicable Zin Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 87091-323 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUKDARIAN & UNCAPHER, P.A. Street Address (P.O. Box Number is Not Acceptable) 537 N. MAGNOLIA AVE. ORLANDO FL 32801 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 \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition D ☐ Delete TITLE TITLE WONG, GREGORY NAME NAME STREET ADDRESS STREET ADDRESS 1569 ANDERSON AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LEE NJ 07024 Change Addition ☐ Delete TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS , d, , , . CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 like empowered.