2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000 110545 Aug 17, 2000 8:00 am Secretary of State ABACK TO BUDGET CIUE MUSICIUC. 08-02-2000 90157 033 ***150.00 Principal Place of Business 5970 SW 18th ST. #EI-1N-BOCA RATON FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name - ----ROBERT GILBERT Street Address (P.O. Box Number is Not Acceptable) 5970 SW 18+4 ST. #EI -115 BOCA RATION FL 33433 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWILL 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE ☐ Change MILE D Delete OBERT GILBERT 170 SW 18th ST HEL-18 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Addition Delete ☐ Change TIME TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. Delete ___ Addition_ TITLE NAME NAME STREET ADDRESS - STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 like empowered. SIGNATURE:

GENTEMEN: P99000/3545

I WAS TOLD WE HAVE

UNTIL SEAT. I (EXTENTION)

BECAUSE WE MENELL

(CHAMED ADDRESS)

ENCLOSED YOU WILL

FIND STORM OF POSTAL

MUNEY DRIBER.

THANK YOU

REWELL

LENT HANK YOU

REWELL

THANK YOU

THANK YOU

THANK YOU

THANK YOU

THANK YOU

THANK YOU

THANK YO

107288