2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

ORE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16, 2001 8:00 am Secretary of State DOCUMENT # P99000111665 1. Enlity Name 05-16-2001 90216 020 ***150.00 EVIEW TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1 OAKWOOD BOULEVARD OAKWOOD BOULEVARD SUITE 225 SUITE 225 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0971099 Not Applicable Zip Country \$8.75 Additional 5.- Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent House BERKHOF, EDWARD G (P.O. Box Number is Not Agreptable) 1 QÁKWOQÓ BOULEYÁRD SÚITE 225 725 /HOLLYWOOD FL/33020 City Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE name of registered agent and title if applicable. (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, 2001 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 11. OFFICERS AND DIRECTORS 12. Change Change TITLE **PSTD** ☐ Delete TITLE Director only ☐ Addition NAME NAME BERKHOF, EDWARD G STREET ADDRESS STREET ADDRESS 1 OAKWOOD BOULEVARD, SUITE 225 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition Delete TITLE ☐ Change NAME NAME WINER, SAM STREET ADDRESS STREET ADDRESS 1 OAKWOOD BOULEVARD, SUITE 225 CITY-ST-7IP CITY-ST-7IP HOLLYWOOD FL 33020 ☐ Change Addition TITLE □ Delete TITLE NAME NAME ASHEMIMRY, IBRAHIM STREET ADDRESS STREET ADDRESS 1 OAKWOOD BOULEVARD, SUITE 225 CITY-ST-7IP CITY-ST-7JP HOLLYWOOD FL 33020 $\overline{VP,T,D}$ Change TITLE □ Delete TITLE Addition NAME NAME HOUSE, DAVID STREET ADDRESS STREET ADDRESS 1 OAKWOOD BOULEVARD, SUITE 225 CITY-ST-ZIP CITY-ST-ZIP <u> HOLLYWOOD FL 33020</u> James 14,1 ford TITLE Delete TITLE ☐ Change ★ Addition Janes . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JE CITY-ST-ZIP Fernando Hlonson ☐ Delete **Addition** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

05/03/6/ 954-920-06

Day Daytime Phone #

FILED