## FILED Jan 20, 2000 8:00 am Secretary of State

**DOCUMENT # S01729** FRV & COMPANY OF FLORIDA, INC. 01-20-2000 90160 015 \*\*\*150.00 Principal Place of Business Mailing Address 18331 PINES P.O. BOX 820097 SOUTH FLORIDA FL 34712-0925 STE 192 704386 PEMBROKE PINES FL 33029 2. Principal Place of Business Mailing Address

11525	" AUDUBOND LAND	F.O. 130X	120425	·	1 19611 - 111 - 12101   11611   12014   11616   1211   1010	( 3) 517 ( 6) 611 ( 6) 511 ( 6) 611		
Suite, Apt. #, etc.  CLERMONT, FL		Suite, Apt. #, etc.  CLERHONT. FL			DO NOT WRITE IN THIS SPACE			
City & State	e e	City & State	<del>,</del>	4. F	65-0218461	<u> </u>	plied For t Applicable	
Zip 3 47	Country USA	Zip 34712-0925	Country USA	<b>5.</b> C	ertificate of Status Desired	\$8.75 Add Fee.Required		
	6. Name and Address of Current R	tegistered Agent		7. Na	ame and Address of New Registe	red Agent		
RODRIGUEZ, FRANCISCO  18331 PINES BLVD., #192 PEMBROKE PINES FL 33029    Name								
				ERX		<u> </u>	711	
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 required when reinstating)  DATE  DATE								
Tax filing r (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so. iria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		0.00 of State				
11.	OFFICERS AND D		12.	ADE	OITIONS/CHANGES TO OFFICERS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, FRANCISCO 18331 PINES BLVD. #192 PEMBROKE PINES FL 33029	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E57K	PER S. ROPE 5 AUDUBOND	Change CICVEZ LANE	Addition Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	S RODRIGUEZ, ESTHER S 18331 PINES BLVD. #192 - PEMBROKE PINES FL 33029	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	VP LONGOBUCCO, LIAN R. 18331 PINES BLVD. #192 PEMBROKE PINES FL 33029	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
· TITLE	1	□ Colete	TITLE			Change	Addition	

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.

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP