## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## FILED **DOCUMENT # \$53902** May 08, 2000 8:00 am Secretary of State CASEY AND MOLCHAN PROFESSIONAL ASSOCIATION 05-08-2000 90010 018 \*\*\*150.00 Principal Place of Business Mailing Address 700 SE 3RD AVE., STE 404 700 SE 3RD AVE., STE 404 FT, LAUDERDALE FL 33316-1154 FT. LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business 1499 W. Palmetto Park Rd 1499 W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 300 300 Applied For 4. FEI Number 65-0263185 Вьса Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 22486 Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent CASEY, MICHAEL R. Address (P.O. Box Number is Not Acceptable) 700 SOUTHEAST THIRD AVENUE SUITE 404 FT. LAUDERDALE FL 33316 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 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. [L] Change ☐ Delete Casey, Michael R. 1499 W. Palmetro Park Rd. STE 300 CASEY, MICHAEL R. NAME STREET ADDRESS 700 SE 3RD AVE., #404 STREET ADDRESS CITY-ST-ZIP Boca Raton, FZ 33486 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Defete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7!P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ Delete TITLE 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.