2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachm

SIGNATURE:

an address, with all other.

SIGNING OFFICER OR DIRECTOR

Feb 11, 2000 8:00 am Secretary of State **DOCUMENT # \$63664** 02-11-2000 90009 004 ***150.00 LAW OFFICES OF LAWRENCE M. FLASTER, P.A. Principal Place of Business Mailing Address 8211 W. BROWARD BLVD., SUITE 230 8211 W. BROWARD BLVD., SUITE 230 PLANTATION FL 33324-2726 PLANTATION FL 33324 B0017847 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0272380 Not Applicable Zip Zip Country 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 FLASTER, LAWRENCE M. Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD. **STE 230** PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME FLASTER, LAWRENCE M NAME STREET ADDRESS STREET ADDRESS 8211 W. BROWARD BLVD#230 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Dêlete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 13. I hereby certify that the information

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