2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # \$65302** 1. Entity Name OFFER & ASSOCIATES INTERNATIONAL, INC. 04-19-2001 90017 009 ***150.00 Principal Place of Business Mailing Address 2945 STATE ROAD 84 2945 STATE ROAD 84 SLITE A-I SUITE A-1 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 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 65-0271430 Not Applicable 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 Name OFFER. ROBERT H. Street Address (P.O. Box Number is Not Acceptable) 2945 STATE ROAD 84 SUITE A-1 FT. LAUDERDALE FL 33312 City Zip Code burpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above far ed entity submits this statement (**SIGNATURE** if applicable (NOTE: Registered Age 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change ☐ Addition NAME OFFER, ROBERT H. NAME STREET ADDRESS 2945 STATE ROAD 84, SUITE A-1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #