2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2000 8:00 am Secretary of State **DOCUMENT # \$74206** ALLARD'S TWINS INVESTMENT, INC. 05-19-2000 90018 018 ***150.00 Principal Place of Business Mailing Address 2500 HOLLYWOOD BLVD. 2500 HOLLYWOOD BLVD. SUITE 212 **SUITE 212** HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-6615 2. Principal Place of Business 3. 22 PA Addrescommerce Parkway 2237 N. Commerce Suite Apt. #, etc. ระเite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite#3 $\overline{}$ City & State Weston, Florida City & State Weston, Florida 4. FEI Number Applied For 65-0284993 Not Applicable Country Copygtry \$8.75 Additional 33326 5. Certificate of Status Desired 33326 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANELLA, ROSS H. ESO. Name MANELLA, ROSS Street Address (P.O. Box Number is Not Acceptable) 2237 N. Commerce Parkway 2500 HOLLYWOOD BLVD. SUITE 212 Suite HOLLYWOOD FL 33020 ^{Zip}33326 Weston, Florida FL 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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. Change **PST** ☐ Addition TITLE ☐ Delete TITLE. NAME ALLARD, GILLES NAME STREET ADDRESS STREET ADDRESS 2500 HOLLYWOOD BLVD. 2237 N. Commerce Parkway Suite #3 CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL 33020** Weston, F1. 33326 ☐ Addition ☐ Delete NAME ALLARD, GILBERT STREET ADDRESS 2237 N. Commerce Parkway Suite #3 STREET ADDRESS 2500 HOLLYWOOD BLVD. CITY-ST-ZIP Weston, F1, 33326 HOLLYWOOD FL 33020 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE 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 if changed, or on an attachment with an address, with all other like empowered. Gilles Allard

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR