FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 17, 2000 8:00 am Secretary of State **DOCUMENT # \$77709** 1. Entity Name SOUTH FLORIDA ELECTRIC ENTERPRISES, INC. 08-17-2000 90104 015 ***550 00 Principal Place of Business Mailing Address 4701 SW 45 ST 4701 SW 45 ST FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 2. Principal Place of Business 4411 SW 45 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0295914 Not Applicable **\$8.75**-Additional-----5. Certificate of Status Desired roward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>obolewski</u> SOBLEWSKI, DAN Street Address (P.O. Box Number is Not Acceptable) 2751 NE 23RD PLACE TOMPANO BEACH FL 33062 Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE P (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE WHITE HEAD, RUSSELL NAME NAME WHITEHEAD, RUSSELL STREET ADDRESS 12451 SW-IST COURT STREET ADDRESS 6481 HARDING ST CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL. 33325 HOLLYWOOD FL 33024 Change Addition TITLE TITI F Delete SOBOLEWSKI, DANIEL NAME STREET ADDRESS STREET ADDRESS 2751 NE 23RD PL CITY-ST-ZIP CITY-ST-7IP POMPANO BEACH FL 33062 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MATCHERED

8.11.00

954.792.7001