2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$93584** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name THE HISTORICAL RESEARCH CENTER INTERNATIONAL. IN 04-22-2000 90012 026 ***150.00 Mailing Address Principal Place of Business 632 SOUTH MILITARY TRAIL 632 SOUTH MILITARY TRAIL DEERFIELD BEACH FL 33442-3023 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0315964 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSENWASSER ESQ. RONALD Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER ROAD THE PLAZA SUITE 801 **BOCA RATON FL 33486** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 OFFICERS AND DIRECTORS 12. 11. PD Addition ☐ Delete TITLE TITLE WALSHE, MICHAEL NAME NAME 632 SOUTH MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33442** CITY-ST-7IP ☐ Change Addition VPSD ☐ Delete TITLE FISH, ESTELLE NAME 632 S. MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL Addition _ 🔲 Change ☐ Delete TITLE SLAVIK, JOE NAME 632 SOUTH MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL Change Addition ☐ Delete TITLE TITLE MARQUIS, NANCY NAME NAME STREET ADDRESS 632 SOUTH MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE KOILES, MICHELLE NAME 632 S MILITARY TRL STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEERFIELD BCH FL ☐ Change ☐ Addition n ☐ Delete TITLE TITLE NAME SZE, MARY NAME 632 S MILITARY TRL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL

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.

SIGNATURE:

SIGNATURE AND TYPED OF SHINTED NAME OF SIGNING OFFICER OR DIREC

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Daytime Phone #