2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$96479** May 02, 2000 8:00 am Secretary of State INTERSTYLE, INC. 05-02-2000 90085 041 ***150.00 Mailing Address Principal Place of Business 3959 N FEDERAL HWY 3959 N FED HWY FT. LAUDERDALE FL/33308 FT. LAUDERDALE FL 33308-5526 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0294075 Not Applicable Zio 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 Name KURKI, HARRY M. Street Address (P.O. Box Number is Not Acceptable) 31 PORTSIDE DRIVE FT. LAUDERDALE FL 33316 Zip Code FL 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) DATE 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. 🔽 Change Addition ☐ Delete TITLE TITLE KURKI, PETER J. NAME 5300 N.E. IGTH TERRACE STREET ADDRESS STREET ADDRESS 2361 NW 69TH CT. FORT LAUDER DALKA33334 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Addition Delete Change TITLE TITLE KURKI, DOROTHY J. NAME NAME STREET ADDRESS 31 PORTSIDE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Change TITLE _____ Addition ☐ Delete TITLE NAME KURKI, HARRY M. NAME STREET ADDRESS 31 PORTSIDE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00

951-563-6055

Davtime P