2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # \$96822** 1. Entity Name AMERICAN FOLIAGE MIAMI, INC. 04-26-2001 90094 044 ***150.00 Principal Place of Business Mailing Address 559 W. RAMBLING DRIVE -559 W. PAMPLING DRIVE WEST PALM BEACH FL 33414-5021 -WEST-PALM BCH FL 33414 2. Principal Place of Business 19595 TRAILS OND TERLACE 3. Mailing Address 19595 TRAILS END TETTALE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE JUD TEE 4. FEI Number Applied For FL 65-0297674 Not Applicable 3 ^{Zp}U\$ Country \$8.75 Additional USA 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATERS MARK S Street Address (P.O. Box Number is Not Acceptable) 19595 TRAILS END TERRACE JUPITER FL 33458 Zip Code his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (10/00) Addition MAME WATERS, MARK S. NAME STREET ADDRESS 19595 TRAILS END TERRACE STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE ☐ Delete 3 ITH ☐ Addition NAME WATERS, PATRICIA L STREET ADDRESS 19595 TRAILS END TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TITLE Delete TITLE ☐ Change ■ Addition WATERS, HILTON B NAME NAME STREET ADDRESS 559 W. RAMBLING DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP W. PALM BÉACH FL TITLE ☐ 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 ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 13. I hereby certify that the information supplied with this filing does not qualify for the exempt on 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 in Block 12 changed, or on an attach