## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # \$98803** Feb 04, 2000 8:00 am Secretary of State 1. Entity Name SIEMPRE II. INC. 02-04-2000 90018 049 \*\*\*150.00 Principal Place of Business Mailing Address 26 MINNETONKA RD 26 MINNETONKA RD SEA RANCH LAKES FL 33308 SE RANCH LAKES FL 33308-2909 912852 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0325340 Not Applicable. Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEER, EMERY B Street Address (P.O. Box Number is Not Acceptable) 7700 N KENDALL DR. PENTHOUSE #5 **MIAMI FL 33156** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 filling requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE TITLE NAME HILTON, LIN NAME STREET ADDRESS STREET ADDRESS 26 MINNETONKA RD CITY-ST-7/P CITY-ST-ZIP SEA RANCK LAKES FL 33308 Addition ☐ Change ☐ Delete TITLE TITLE HILTON, H.A. NAME NAME STREET ADDRESS STREET ADDRESS **26 MINNETONKA RD** CITY-ST-ZIP CITY-ST-ZIP SEA RANCH LAKES FL 33308 Change ☐ Addition Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI.E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 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

Date

Daytime Phone #