2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # \$99567** 1. Entity Name ARCADIAN GROUP, INC. 03-15-2000 90042 021 ***150.00 Principal Place of Business Mailing Address 7296 SW 146 ST. CR. 7296 SW 146 ST. CR. MIAMI FL 33158-1670 MIAMI FL 33158 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0300297 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent... DUNN, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) 7296 SW 146 ST. CR. **MIAMI FL 33158** 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Z (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete DUNN, KATHLEEN H. NAME NAME STREET ADDRESS 7296 SOUTHWEST 146 ST. CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Addition ☐ Change DPT ☐ Delete TITLE TITLE DUNN, WILLIAM C. NAME STREET ADDRESS STREET ADDRESS 7296 SW 146 ST.-CR. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE DUNN, PATRICK C. NAME NAME 7296 SOUTHWEST 146 ST. CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change Delete TITLE TITLE NAME DUNN, HP NAME STREET ADDRESS STREET ADDRESS 7296 SW 146 ST CR. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

PATRICIA DUNN, V.P. 3/11/00 305-23