2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V12042** Feb 20, 2000 8:00 am **Secretary of State** DANIEL H. KENT, P.A. 02-20-2000 90011 003 ***150.00 Principal Place of Business Mailing Address 3901 HOLLYWOOD BLVD 3801 HOLLYWOOD BLVD ___TWQQQ FL 33021 HOLLYWOOD FL 33021-6762 2. Principal Place of Business 3. Mailing Address 1940 HARRISON STREET 1940 HARRISON STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 300 4. FEI Number Applied For City & State 65-0311502 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired UJSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIEL KENT, DANIEL H P.O. Box Number is Not Ac P.O. Box Number is Not Ac 3801 HOLLYWOOD BLVD **STE 350** HOLLYWOOD FL 33021 Zip Code 33020 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSD **X** Change **PSD** Addition Delete TITLE KENT, DANIEL H 1940 HARRUSON STREET, SVITE 300 KENT, DANIEL H NAME 3801 HOLLYWOOD BLVD STE 350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUY WOOD, FL 33020 HOLLYWOOD FL 33021 Delete □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS 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 impowered by execute this report as required by Chapter 087. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an

SIGNATURE