## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # V12467** Jan 28, 2000 8:00 am **Secretary of State** THE AXMINSTER CORPORATION 01-28-2000 90096 021 \*\*\*150.00 Principal Place of Business Mailing Address 1 SE 3RD AVE 1 SE 3RD AVE 27TH FLOOR 27TH FLOOR VOOTOOOA MIAMI FL 33131-1715 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country 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 Land to the state of the state of AMERICAN INFORMATION SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVE 27TH FLOOR **MIAMI FL 33131** 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 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE □ Delete RODDENBERRY, STEPHEN K. NAME NAME STREET ADDRESS STREET ADDRESS 1 SE 3RD AVE CiTY-ST-7IP CITY-ST-ZIP **MIAMI FL 33131** Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

ING OFFICER OR DIRECTOR

☐ Delete

Stephen K. Roddenberry, Dar 1/25/00

305 374-5600

Daytime Phone #