| 2000 UNIFORM BUSINESS REPORT (UBR | FILED |
|--|--|
| DOCUMENT # V31013 1. Entity Name | May 04, 2000 8:00 am Secretary of State |
| CARDI CORP | 05-04-2000 90119 028 ***150.00 |
| Principal Place of Business 114 Quayside Dr Mailing Address 114 Quayside Dr Supiter FL 3347 2. Principal Place of Business 110 Quayside Dr Supiter FL 3347 2. Principal Place of Business 110 Quayside Dr Supiter FL 3347 2. Principal Place of Business 110 Quayside Dr Supiter FL 3347 2. Principal Place of Business 110 Quayside Dr Supiter FL 3347 2. Principal Place of Business 110 Quayside Dr Supiter FL 3347 2. Principal Place of Business 110 Quayside Dr Supiter FL 3347 | 652194 |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | DO NOT WRITE IN THIS SPACE |
| Scity & State Supiller FL Supiller FL Zig 33477 Country A Zig 33477 Country A | 4. FEI Number 1. 5 - 0 3 3 2 4 4 0 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent Richard Ransiev II 4 Ouayside Dr Street Add Street | 7. Name and Address of New Registered Agent CLAY CANSIEV (ress (P.O. Box (Number is Not Acceptable) Sway CANSIEV CAN |
| 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 SIGNATURE | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1,2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS 11. TITLE NAME RICHARD RONS'S CITY-ST-ZIP OFFICERS AND DIRECTORS 11. Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AChange Addition AChange Addition AChange Addition |
| TITLE NAME SINCE ADDRESS TO ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | 102 CagTain's Way Supiter FC 33477 |
| Delete TITLE NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| | ☐ Change ☐ Addition |
| - Delete TITLE NAME 1000000000000000000000000000000000000 | ☐ Change ☐ Addition |
| 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 of 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. | |