2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # V37221** Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** YOUTH INVESTMENTS OF MARGATE, INC. 01-14-2000 90062 009 ***158.75 Principal Place of Business Mailing Address C/O DOUG MILLARD LIL' RASCALS ACADEMY 6050 SW 7TH ST. 1083 N.W. 97TH AVE. PLANTATION FL 33322-4886 MARGATE FL 33068 2. Principal Place of Business 3. Mailing Address 1121 NW 1151 AUENUR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0336820 FC Plantation Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33323 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Douglas 5. Millard Street Address (P.O. Box Number is Not Acceptable) MILLARD, DOUGLAS 1083 N.W. 97TH AVE. PLANTATION FL 33322 1121 NW 115 Avenue Zip Code 33323 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 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 12. 11. Addition Delete TITLE Millard, Douglas S. 1121 NW 115 Avenue MILLARD, DOUGLAS S NAME NAME STREET ADDRESS 1083 NW 97TH AVE. STREET ADDRESS Plantation, FL 33323 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 ☐ Addition Change ☐ Delete TITLE MILLARD, BONNIE Millard, Bonnie L. NAME 1121 NW 115 Avenue 1083 NW 97TH AVE. STREET ADDRESS STREET ADDRESS Plantation, FL 33323 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 [] Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete [] Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information defined my signature shall have the same legal effect as if made under oath; that I am an officer or director seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not quindicated on this report or supplemental report is true and accurate and of the corporation or the receiver or trustee empowered to execute this. changed, or on an attachment with an address with all other like e

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #