2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V37688** FILED 1. Entity Name DECKETARY OF STATE RANDALLO'S, INC. "VĨĔĬŎĤ ŒĔ ĠĠŔŖŎŔĂŤĬŌĸs 00 JUL 24 AM 9:28 Principal Place of Business Mailing Address 812 NW 8TH AVENUE 2516 SW 4TH AVE FORT LAUDERDALE FL 33315 **BAY 522** FT.LAUDERDALE FL 33315-2608 2. Principal Place of Business
1084 South Ropen Circle 3. Mailing Address
Plo Box 9766 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0333886 DON LANGUAGE 33 3m Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33310 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLAMBER, MARK Street Address (P.O. Box Number is Not Acceptable) 9360 SUNSET DRIVE STE. 287 MIAMI FL 33173-373 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 (NOTE: Registered Agent signature required when re-instating) 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 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-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. 12. ☐ Delete TITLE TITLE WILCOX, JOHN R NAME NAME **500003344355**----08/02/00--01080--015 Plo Box 9766 812 NW 8TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33315 For Lay sexclus CITY-ST-ZIP ****150.00 ****150.00 Change ___ Addition TITLE TITLE NAME NAME STREET-ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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



RANDALLO'S

812 NW 8TH Ave * Fort Lauderdale, FL 33311 * Phone (954) 524-0425 * Facsimile (954) 467-5862

July 13/00

Deed SIM.

Darry the year we we have a new marring ADDROS. The unfour bushons hiport was - Just delivered to us hereatly so we Aportograph for the leateness in filing. We hope your use forgue us.

JOHN R. WILLOX Prospert