2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # V62267 STALLER INVESTMENTS, INC. nincipal Place of Business Mailing Address 1011 SW 30TH AVE. SW 30TH AVE. DEERFIELD BEACH FL 33442-8104 ___ BEACH FL 33442 Principal Place of Business 3. Mailing Address Bristol Lane *1520* Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name STALLER, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1011 SW 30TH AVENUE **DEERFIELD BEACH FL 33442** 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. WAIUHE. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete HILL STALLER, STEVEN NAME 1011 SW 30TH AVE. STREET ADDRESS STREET ALBERTS CITY-ST-ZIP DEERFIELD BEACH FL ST-ZIP ☐ Delete STALLER, RICK 1011 SW 30TH AVE. STREET ADDRESS alian i alimin of

FILED May 03, 2000 8:00 am Secretary of State

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CR2E034 (9/99) ☐ Change ☐ Addition DEERFIELD BEACH FL CITY-ST-ZIP ST-ZIP ☐. Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HÍLE NAME STREET ADDRESS er . ANNAFSS CITY-ST-ZIP ST- ZIP Change ☐ Addition HILŁ ☐ Delete TITLE NAME ыне<u>н</u>а може 99 STREET ADDRESS CITY-ST-ZIP T ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HILL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CT. 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 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 etterlike empowered.

SIGNATURE:

reaureid SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$5.00 May Be

☐ Addition

Added to Fees

☐ Change