2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am **DOCUMENT # V70124 Secretary of State** STUART J. MAC IVER, P.A. 01-30-2001 90225 030 ***150.00 Principal Place of Business Mailing Address 1177 SE THIRD AVE 1177 SOUTHEAST THIRD AVE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 016518 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0367928 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAC IVER, STUART J. Street Address (P.O. Box Number is Not Acceptable) 1177 SE THIRD AVE FORT LAUDERDALE FL 33316 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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. 12. ☐ Delete ☐ Addition TITLE TITLE ☐ Change MAC IVER, STUART J. NAME NAME STREET ADDRESS STREET ADDRESS 1177 SE THIRD AVE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition 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-7IP 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 of the stee empowered to execute his 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 the like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

DTLE

NAME

STREET ADDRESS CITY-ST-ZIP

> SIGNSTUREAUPTY GNING OFFICER OF DIRECTOR

☐ Delete

1/24/01

(954) 762-3400

Daytime Phone #

Change

Addition