2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **V71735** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name O.K. SALES, INC. 04-25-2000 90127 002 ***150.00 Principal Place of Business Mailing Address 1151 SOUTHEWEST 128TH TERRACE 1151 SOUTHEWEST 128TH TERRACE SUITE 0-301 SUITE D-301 PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0367244 Not Applicable Zip Zip Country Country \$8.75 Additional___ 5 Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KATZ, HARRIET Street Address (P.O. Box Number is Not Acceptable) 1151 SOUTHWEST 128TH TERRACE SUITE D-301 PEMBROKE PINES FL 33027 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 reinstating) 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 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. ☐ Change ☐ Addition Delete TITLE TITLE NAME KATZ, HARRIET NAME STREET ADDRESS STREET ADDRESS 1151 S.W. 128TH TERRACE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: TARRIES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

NAME STREET ADDRESS

CITY-ST-ZIP

4-19-2000

954-98-1-0885

Date

Daytime Phone #