2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P08324** May 16, 2000 8:00 am Secretary of State LIVIA ENTERPRISES, INC. 05-16-2000 90093 047 ***150.00 Principal Place of Business Mailing Address C/O RANIERI & CO INC C/O RANIERI & CO INC 50 CHARLES LINDBERG BLVD. STE 500 50 CHARLES LINDBERG BLVD. STE 500 **UNIONDALE NY 11553-3650 UNIONDALE NY 11553** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 11-2720784 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 THE PRENTICE HALL CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST STE 105 TALLAHASSEE FL 32301 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, 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, 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition PD ☐ Change TITLE ☐ Delete TITLE RANIERI, LEWIS S. NAME NAME STREET ADDRESS STREET ADDRESS 50 CHARLES LINDBERGH BLVD SUITE 500 CITY-ST-ZIP CITY-ST-ZIP UNIONDALE NY DVT Delete TITLE Change ☐ Addition NAME PERRO, ROBERT A. NAME Perro, Robert A. STREET ADDRESS STREET ADDRESS 50 CHARLES LINBERGH BLVD SUITE 500 50 Charles Lindbergh Blvd., Suite 500 CITY-ST-ZIP CITY-ST-ZIP UNIONDALE NY 11553 Uniondale, NY 11553 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME MEEK, JOSEPH C JR STREET ADDRESS STREET ADDRESS 268 \$ SUNCOAST BLVD CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34429** ☐ Delete TITLE Change Addition BRANDT, LAURA NAME NAME STREET ADDRESS STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500 CITY-ST-ZIP CITY-ST-ZIP UNIONDALE NY 11553 Change ☐ Addition TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 27,2000 5/6-

5/6-148-6649