2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 464640 Apr 03, 2000 8:00 am Secretary of State ENTOL INTERNATIONAL, INC 04-03-2000 90119 045 ***150.00 Mailing Address Principal Place of Business 9990 SW 77TH AVENUE SUITE 330 MIAMI FL 33156-2661 2. Principal Place of Business 3. Mailing Address 1200 N.W. 4th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Homestead, FL Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33030 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John a Margolis Street Address (P.O. Box Number is Not Acceptable) 9990 SW 77TH AVENUE SUITE 330 MIAMI FL 33156 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, 2000 Fee will be \$550,00 Added to Fees 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 11. n ☐ Change ☐ Addition TITLE Delete SCHUMACHER, BERNARD NAME NAME STREET ADDRESS 8180 N.W. 36TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33147** PTD Change ☐ Addition ☐ Delete TITLE TITLE SCHUMACHER, SANDRA NAME NAME 8180 N.W. 36TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP ☐ Addition VSD Change ☐ Delete TITLE SCHUMACHER, MICHAEL NAME NAME STREET ADDRESS 8180 N.W. 36TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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, with all other like empowered.

SIGNATURE.

ANDRA SCHUMACHER

SIGNATURE AND WORD OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000

305/247-1111 Daytime Phone #