2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 05, 2003 8:00 am Secretary of State **DOCUMENT # 715460** 05-05-2003 90173 008 ****61.25 FLEET RESERVE HALL, INC. Principal Place of Business Mailing Address 10099846 657 FISHERMAN STREET 657 FISHERMAN STREET OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Same AS. ABOUE Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1549752 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENOIT, LEONAD Street Address (P.O. Box Number is Not Acceptable) 2648 NASSAU DR. MIRAMAR FL 33023 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. I am familiar with, and accept the obligations of registered agent. CHANGE . LROWARD DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition BOLYLE, WILLIAM O. NAME NAME 19143 NW 19TH ST STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition anlage, ben NAME NAME 630 N.W. 188 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP ☐ Delete Addition ☐ Change TITLE TITLE SHORE, RICHARD B NAME NAME 6930 SW 28 ST STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BENOIT, LEONARD E NAME NAME 2648 NASSAU DR STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP City-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIGHARDIRE EQUISSES 305688398