2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H72651 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name BUSINESS WORLD, INC. 04-21-2000 90022 034 ***150.00 Mailing Address Principal Place of Business 1323 SE 17TH ST 1323 SE 17TH ST FT. LAUDERDALE FL 33316-1707 FT. LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2572225 Not Applicable \$8.75 Additional Zip Country Zip Country _ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLACKE, LAWRENCE E ESQ. Street Address (P.O. Box Number is Not Acceptable) 3326 N.E. 33RD STREET FT. LAUDERDALE FL 33308 Zip Code City 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 DATE (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. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition PTD □ Delete TITLE TITLE NAME BINDLER, FRANCI NAME STREET ADDRESS STREET ADDRESS 1323 S.E. 17TH ST. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 Change -☐ Addition TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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

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.

GNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

CITY-ST-ZIP