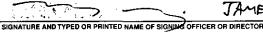
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20545 May 15, 2000 8:00 am Secretary of State BERNESE RESEARCH INSTITUTE, INC. 05-15-2000 90202 027 ***150.00 Principal Place of Business Mailing Address 14101 NW 4TH ST 14101 NW 4TH ST SUNRISE FL 33325-6209 SUNRISE FL 33325 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0123681 Not Applicable Country Zip 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 RILEY, FRANK X. Street Address (P.O. Box Number is Not Acceptable) 14101 NW 4TH ST SUNRISE FL 33325 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition STD TITLE □ Delete TITLE RILEY, FRANK X. NAME NAME STREET ADDRESS 14101 NW 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Addition Change TITLE ☐ Delete RILEY, HELEN NAME NAME STREET ADDRESS 14101 NW 4TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Addition D . ☐ Delete TITLE TITLE PAT RILEY NAME NAME 14101 NW 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL Addition ☐ Delete TITLE RILEY JAMES NAME NAME 1410, NW 4 ST STREET ADDRESS STREET ADDRESS DITY-ST-7JP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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:



JAMES & RILEY

4/27/00

954-845-9500

Daytime Phone #