2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # K37993** 1. Entity Name **BUSINESS & PROFESSIONAL SERVICES OF THE AMERICAS** 03-22-2000 90091 011 ***150.00 Mailing Address Principal Place of Business POST OFFICE BOX 15553 POST OPPICE BOX 15553 WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33416-5553 2. Principal Place of Business 3. Mailing Address 1136 HATTERAS CR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City_& State 65-0072689 W. PALM BEACH, Not Applicable 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 MCCARTHY, JAMES P Street Address (P.O. Box Number is Not Acceptable) 18321 PIERECE DR 1136 HATTERAS LAKE WORTH FL 33480 WEST PALM BEACH 8. The above larged entity submits this statement for the our peep of changing its registered office or registered agent, or both, in the State of Florida. JANAS P. MCCARTHY

(NOTE: Registered Agent signatural registration) Charles SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X 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 ☐ Delete TITI F TITLE MCCARTHY, JAMES P NAME NAME 1136 HATTERAS CR. WEST PAIN BEACH, FL 33413 Change STREET ADDRESS -1832-PIERCE-DR---STREET ADDRESS CITY-ST-782 CITY-ST-ZIP LAKE WORTH FL 33460 SDVP ☐ Delete TITLE TITLE MCCARTHY, AMY NAME NAME P.O. BOK 15553 PO BOX 1553-STREET ADDRESS STREET ADDRESS WEST PAIN BRACH, FL 33416-5553 WEST PALM BEACH FL 98415 CITY-ST-ZIP CITY-ST-ZIP SEC. / TREAS. / DIR. TITLE Delete MCCARTHY, REBECEA 1136 HATTERAS CIR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALMBEACH, FL 33413 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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 attack the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 attack the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered and that my name appears in Block 11 or Block 12 if the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation or the same legal effect as if made under oath; that I am an officer or director of the corporation of the corpora SIGNATURE: