2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: CINIM MATTSON, PRISIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED Jun 18, 2001 8:00 am DOCUMENT # POOMCOSO47 **Secretary of State** EEO CONSULTANTS, INC. 06-18-2001 90138 001 ***150.00 06-18-2001 90138 002 *****8.75 Principal Place of Business (Old Qubress) Mailing Address 1445 16th Street #18 Apt. Miami Beach FL. 33139 74705 2. Principal Place of Business 3. Mailing Address 1881 Washington Ave. same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 15 A City & State City & State 4. FEI Number Applied For Miami Beach, Florida 65-0970645 Not Applicable 33139 \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Cindy Mattson 1881 Washington Ave. Ste 15A Miami Brach Florida 33139 N/A Street Address (P.O. Box Number is Not Acceptable) City 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 apent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWHIFEE 15'\$ 150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ME TITLE ☐ Addition ☐ Change CINDY MATTSON NAME MALAF 1881 WASHINGTON AVE 15A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FLORIDA 53139 ☐ Addition TITLE Delete MILE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZE Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE TILE TITLE ☐ Addition ☐ Delete [7] Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP mr ☐ Delete ☐ Change ■ Addition 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.

(unaprotted)