2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 09, 2001 08:00 AM P00000022064 DOCUMENT# 1. Entity Name **Secretary of State** WOODFORM, INC. Principal Place of Business Mailing Address 2000 JEFFERSON STREET SUITE 19 2000 JEFFERSON STREET SUITE 19 HOLLYWOOD FL HOLLYWOOD FL 33020 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0986038 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDSTEIN MARK VUOLO ANTONIO 2700 N MILITARY TRAIL SUITE 220 Street Address (P.O. Box Number is Not Acceptable) 2000 JEFFERSON STEERT BOCA RATON FL33431 US City Zip Code HOLLYWOOD 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. 04/09/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MAME VIIOLO ANTONIO G NAME 2000 JEFFERSON STREET SUITE 19 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Delete D TITLE X Change NAME MILLMAN GREGORY P NAME RUSH HOWARD STREET ADDRESS 2000 JEFFERSON STREET SUITE 19 STREET ADDRESS 19061 SAN RAMON CIRCLE CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP VILLA PARK 92861 CA Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change Addition 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 Delete TITLE ☐ Addition 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 attachment with an address, with all other like empowered. SIGNATURE: _ Howard T Rush 04/09/2001

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR