2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2001 8:00 am Secretary of State DOCUMENT # **P94000022737** 1. Entity Name RIDE AND DREAM, INC. 04-12-2001 90461 024 ***158.75 Principal Place of Business Mailing Address 1100 W. OAKLAND PARK BLVD. 135 ROSE BRIAR DR WILTON MANOR FL 33311 LONGWOOD FL 32750 00035277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3233113 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATTI, CRISTOPH A 416-418 NORTH FEDERAL HWY (US 1) FT. LAUDERDALE FL 33301 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 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Delete TITLE ☐ Change TITLE MATTI. CHRISTOPH A NAME NAME STREET ADDRESS STREET ADDRESS 2910 NE 15TH TERR CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL Change ☐ Addition _ Delete TITLE TITLE FERNANDEZ, SILVIA NAME NAME STREET ADDRESS STREET ADDRESS 2910 NE 15TH TERR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE ☐ Change ☐ Addition TITLE Delete HENLEY, SIMON E NAME NAME STREET ADDRESS STREET ADDRESS 5629 PALMWOOD DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32839 ☐ Addition TITLE ☐ Delete TITI F Change SULLIVAN, BARBARA A NAME NAME STREET ADDRESS STREET ADDRESS 135 ROSE BRIAR DR. CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attach hent with an address, with all other like empowered.

SIGNATURE: