2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000070362** Apr 22, 2000 8:00 am Secretary of State FIRST ZHU INVESTMENT, INC. 04-22-2000 90062 004 ***158.75 Mailing Address Principal Place of Business 111 NW 183RD ST SUITE 305 111 NW 183RD ST SUITE 305 STE #518 STE #518 MIAMI FL 33169-4538 MIAMI FL 33169 3. Mailing Address 2. Principal Place of Business 17 NW 168 Street 17 NW 168 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0568226 Miami. FL Not Applicable Miami. Country Country \$8.75 Additional 5. Certificate of Status Desired Ø U.S.A. 33169 33169 U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHMACHTENBERG, LEE C ESQ Street Address (P.O. Box Number is Not Acceptable) 1533 SUNSET DR SUITE 201 MIAMI FL 33143 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 DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. ☐ Addition TITLE ☐ Delete TITLE NAME BRANDT, HENRIK NAME STREET ADDRESS 17 NW 168 Street STREET ADDRESS 111 NW 183RD ST, SUITE 518 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33169 ☐ Addition TITLE ☐ Delete TITLE NAME BRADBURY, RICHARD NAME 17 MW 168 Street STREET ADDRESS 111 NW 183RD ST, SUITE 518 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 305-944-8811
Date Dayline Phone #

Sele: 4500200