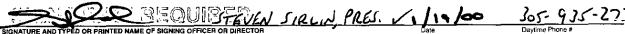
2000 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P95000011028 1. Entity Name 3G SALES, INC. 01-26-2000 90200 006 ***150.00 Principal Place of Business Mailing Address 3625 N COUNTRY CLUB DR #1703 3625 N COUNTRY CLUB DR #1703 NORTH MIAMI BEACH FL 33180-1714 NORTH MIAMI BEACH FL 33180 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0567096 Not Applica-Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOBERMAN, JENNIFER M Street Address (P.O. Box Number is Not Acceptable) 3400 NE 192 STREET SUITE 1510 **MIAMI FL 33180** 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. DATE Signature, typed or printed name of registered agent and title if applicable. (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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΡD Change ☐ Addition TITLE Delete TITLE SIRLIN, STEVEN NAME NAME STREET ADDRESS 3625 N COUNTRY CLUB DR #1703 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Additior ☐ Change ☐ Delete TITI.E -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 Oelete TITLE 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.



FILED