2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P96000000536** SAI GLOBAL CORPORATION 04-21-2000 90163 037 ***150.00 Mailing Address Principal Place of Business 2615 NE 49 ST 2615 NE 49 ST 104 FT LAUDERDALE FL 33308-4846 FT LAUDERDALE FL 33308 US US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0638145 Not Applicable 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 GOULDEN. HERBERT Street Address (P.O. Box Number is Not Acceptable) 645 LAKE STREET **BOYNTON BEACH FL 33435** Zip Code FL Attement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this, (NOTE: Registered Agent signature required when reinstating) Signature, typed e 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE GOULDEN, HERBERT NAME NAME STREET ADDRESS 645 LAKE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** Change ☐ Addition Delete TITLE TITLE GOULDEN, GAIL NAME NAME STREET ADDRESS STREET ADDRESS 645 LAKE STREET CITY - ST- ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ 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: