2000 UNIFORM BUSINESS REPORT (UBR) 61 DOCUMENT # P96000101783 Jul 20, 2000 8:00 am 1. Entity Name **Secrétary of State** JACK FROST AC. INC. 07-20-2000 90012 027 ***150.00 Principal Place of Business Mailing Address 06-27-2000 90002 041 ***400.00 728 SOUTHWEST 14 TERRACE 728 SOUTHWEST 14 TERRACE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312-7252 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0714752 Not Applicable Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zio Code nt for the gurpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD Delete IIDE DITE SNYDER, DONALD L JR. NAME NAME STREET ADDRESS 728 SOUTHWEST 14 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Change ☐ Addition TITLE vsd Deleta TITLE NAME CARDEC, TONY NAME STREET ADDRESS STREET ADORESS 728 SOUTHWEST 14 TERRACE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 TITLE Delete CROSBY, ANTHONY M NAME NAME STREET ADDRESS 728 SOUTHWEST 14 TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Addition ☐ Delete TITLE ☐ Change TITLE 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS 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 suppliemental 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 of trustee emptwered 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:

SQUATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTO

1-6-60 954-521-500

Date Daytime Phone