2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 13, 2000 8:00 am Secretary of State DOCUMENT # 442621 1. Entity Name FLORIDA REAL ESTATE ONE, INC. 01-13-2000 90018 005 ***150.00 Principal Place of Business Mailing Address 6001 SW 45TH STREET 6001 SW 45TH STREET DAVIE FL 33314 DAVIE FL 33314-3606 NUUU G G U U U2. Principal Place of Business 3. Mailing Address 5901 S.W. 440578001 5901 SIN 440 STROST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1551103 DOVIE Not Applicable Country 4.5A 3331 4 3¹⁰3314 \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent_ L. TOMECEK TOMECEK, RONALD L. Street Address (P.O. Box Number is Not Acceptable) 6001 SW 45TH STREET DAVIE FL 33314 DAVIC. 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition CR2E034 (9/99 TITLE ☐ Delete TITLE TOMECEK, RONALD L. NAME NAME 6001 SW 45TH STREET 5901 5 W. 44 & STRIGET STREET ADDRESS STREET ADDRESS DAVIES FL. 33314 CITY-ST-7IP DAVIE FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP _ Change TITLE Addition . Delete ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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