2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 29, 2000 8:00 am Secretary of State DOCUMENT # P98000013901 1. Entity Name SAJEN, INC. 02-29-2000 90131 045 ***150.00 Principal Place of Business Mailing Address 169 E FLAGLER ST STE 1600 169 E FLAGLER ST STE 1600 MIAMI FL 33131 MIAMI FL 33131-1211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0841486 Not Applied \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name HARRIS, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 111 SW 3 STRET 6THFL MIAMI FL 33130 Zip Code City 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 (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE Change ☐ Additio TITLE RESSLER, JEFFREY NAME NAME STREET ADDRESS STREET ADDRESS 169 E FLAGLER ST #1600 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33131** ☐ Change Additio Delete TITLE TITLE RESSLER, VIVIEN NAME NAME STREET ADDRESS STREET ADDRESS 169 E FLAGLER ST #1600 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 169 E. FLAGLER ST. # 1600 ~ D'Additio Delete TITEF TITLE HARRIS, ELLIOTT NAME NAME STREET ADDRESS 111 SW 3 ST 6FL STREET ADDRESS MIAMI, FL. 33131 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33130** Additio ☐ Delete TITLE TITLE LINDENFELD, DANYA NAME 169 E FLAGLER STE #1600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP Change Additio TITLE ☐ Delete

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 hustee 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 a address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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> Danya Lindenfeld IGNATURE AND TYPED OR PRINTED MAINE OF SIGNING OFFICER OR DIRECTOR

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Change

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