2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: JOHN TONY 24410)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P 97000096351 A TO 2 METAL FABRICATION ING 04-11-2001 90086 027 ***150.00 Principal Place of Business Mailing Address 1570 S. DIXIE HIGHWAY 1570 S DIXIE HIGHWAY Hollywood, FL, 33030 Hollywood FC. 33030 ADD45974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number X Applied For 65-0831026 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZULIM, MARIA 1739 JACKSON ST Name Street Address (P.O. Box Number is Not Acceptable) Hollywood FC, 33020 City Zip Code 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 4-4-2001 2ULIM) Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PVST CR2E034 (11/00) Change TITLE ☐ Delete TITLE ZULIM ANTE 1510 S. DIXIE HWY Hollywood, FL 33020 NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZiP CITY ST-ZIP ☐ Delete THILE TITLE Change Addition ZULIM, ANTE 1510 S. DIXIE HWY NAME NAME STREET ADDRESS STREET ADDRESS HOLYWOOD FL. 33020 CITY-ST-7IP CITY-ST-ZIP TITLS ☐ Delete TITLE Change Addition ΝΑΜΈ NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IF ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

923-84-62