2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # 182675** 1. Entity Name MODERN ELECTRIC CO., INC. 03-20-2000 90054 002 ***150.00 Principal Place of Business Mailing Address 2835 ARTHUR STREET 2835 ARTHUR STREET HOLLYWOOD FLA 33020-3313 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-0732772 Not Applicable Zip Żip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIPSITZ.BARRY B Street Address (P.O. Box Number is Not Acceptable) 2835 ARTHUR STREET HOLLYWOOD FL 33020 Zip Code City F١ 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE PD Delete TITLE Change NAME LIPSITZ, BARRY NAME STREET ADDRESS STREET ADDRESS 2835 ARTHUR STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME LIPSITZ, MAXINE STREET ADDRESS STREET ADDRESS 2835 ARTHUR STREET CITY-ST-ZIP CITY - ST- 7IP HOLLYWOOD FL 33020 ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE

13. I hereby certify that the information supplied with this filling 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 embowered 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.

NAME

TITLE NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OF HINTED NAME OF SIGNATURE AND THE OF HINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

3/13/00

954-921-6360

Daytime Phone #

Change

Change

☐ Addition

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