2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 198782** 1. Entity Name DORBARRY SHOPS, INC. 04-24-2001 90026 029 ***158.75 Principal Place of Business Mailing Address 3613 CLEVELAND ST PO BOX 813878 HOLLYWOOD FL 33021 HOLLYWOOD FL 33081 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 Applied For 59-0915705 Not Applicable Zip Country Zip 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 Name SATZ. ELLIOTT D Street Address (P.O. Box Number is Not Acceptable) 3613 CLEVELAND STREET HOLLYWOOD FL 33021 City Zip Code 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. TRUE ELLICHT D. SATZ 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE Change SATZ. ELLIOTT D NAME NAME STREET ADDRESS 3613 CLEVELAND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SATZ, MARCIA NAME STREET ADDRESS STREET ADDRESS 3613 CLEVELAND STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE Delete TITI F Change ☐ Addition NAME SATZ, BETTY NAME STREET ADDRESS 1021 NE 175TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL ☐ Delete TITLE TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EWATT D. SATZ

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954 — 963 — 556 Daytime Phone #