2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1

DOCUMENT # 220767 May 23, 2000 8:00 am 1. Entity Name Secretary of State DAN-HOW CORP. 05-23-2000 90200 050 ***150.00 Principal Place of Business Mailing Address C/O RALBY C/O RALBY 19707-TURNBERRY-WAY 19707 TURNBERRY WAY **AVENTURA FL 33180** AVENTURA FL 33180-2566 2. Principal Place of Business 3. Mailing Address 7589 ASHBOURNE LANE ASHBOURNE LANG 17589 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 11117 Applied For City & State City & State 4. FEI Number 59-0951473 RATON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVERMAN.GERALD Street Address (P.O. Box Number is Not Acceptable) 28 W FLAGLER ST MIAMI FL Zip Code City 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 DATE 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 OFFICERS AND DIRECTORS 11. ☐ Addition STD □ Delete TITLE TITLE RALBY, MARILYN NAME NAME 17589 ASHBOURNE LANE STREET ADDRESS STREET ADDRESS 19707 TURNBERRY WAY CITY-ST-ZIP CITY-ST-ZIP AVENTURA-FL-PD ☐ Delete TITLE TITLE RALBY.HOWARD NAME NAME ASHBOURNE STREET ADDRESS STREET ADDRESS -19707 TURNBERRY-WAY-CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL** ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ... Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE 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 flustee empowered to precute 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 street like empowered.

HOWARD RALBY 4/21/00 (561) 241-3040
ECTOR Date Dating Phone #