2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2002 8:00 am Secretary of State 333750 DOCUMENT # 1. Entity Name 02-11-2002 90119 040 ***150.00 2775 CORP Principal Place of Business Mailing Address 2775 W OKEECHOBEE RD 2775 W OKEECHOBEE RD HIALEAH FL 33010 HIALEAH FL 33010 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1218952 Not Applicable \$8.75 Additional Zip : Country Country 5. Certificate of Status Desired Fee Required .7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GINSBURG, MURRAY Street Address (P.O. Box Number is Not Acceptable) 2775 W OKEECHOBEE RD HIALEAH FL 33010 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete GINSBURG, MURRAY NAME NAME 2775 W. OKEECHOBEE ROAD STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE SD ☐ Delete TITLE NAME NAME GINSBURG, ANDREW STREET ADDRESS 2775 W. OKEECHOBEE ROAD STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33010 CITY-ST-ZIP ☐ Addition ☐ Change D ☐ Delete TITLE TITLE NAME DAVIS, RANDY NAME 2775 W. OKEECHOBEE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Addition ☐ Change ☐ Delete TITLE TITLE PRUSSIN, OTTILIE 2775 W. OKEECHOBEE RO. NAME NAME STREET ADDRESS STREET ADDRESS HIALEAH, FLORIDA 33010 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS A 1 100 15 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

AMOREN GINSBURG