2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 336122 May 31, 2000 8:00 am Secretary of State 1. Entity Name BAGMASTER MANUFACTURING INC 05-31-2000 90058 036 ***150.00 Mailing Address Principal Place of Business 3746 NW 50 ST 3746 NW 50 ST MIAMI FLA 33142-3936 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt. #. etc. Applied For City & State City & State 4. FEI Number 59-1221142 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BENENFELD, NATHAN Street Address (P.O. Box Number is Not Acceptable) 3746 N.W. 50TH STREET **MIAMI FL 33142** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature 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 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 Delete TITLE TITLE BENENFELD, NATHAN NAME NAME 5600 CP;;OMS AVE APT 8C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33140 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BENENFELD, DIANA NAME NAME STREET ADDRESS 5600 COLLINS AVE APT 8C STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Addition Change TITLE ☐ Delete TITLE BENENFELD, BARRY NAME NAME 20658 NE 25 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. MIAMI BEACH FL ☐ Change Addition ☐ Delete TITLE RESTLER, RITA NAME NAME 2981 NORTH BAY RD. STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 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

4.28.00

Daytime Phone #