2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State **DOCUMENT # 368107** 1. Entity Name BARBARA WALLACE INC. 05-16-2001 90096 017 ***150 00 Principal Place of Business Mailing Address 1311 E COMMERCIAL BLVD 1311 E COMMERCIAL BLVD 919140 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1304740 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 EDWARD R. RUMIN 2500 M FEDERAL HIGHWAY SUITE 201 FT. LAUDERDALE FL 33305 8. The above named entity submits or the purpose of changing its registered office or registered agent, or both, in the State of Florida. and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TRESIDENT TITLE Change NAME FIORITO, JOSEPHINE NAME Verrura C STREET ADDRESS 1311 E. COMMERCIAL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-7IP FORT LAUDERDALE, FL VD. TITLE Delete TITLE FIORITO, JERRY NAME NAME STREET ADDRESS 1311 E. COMMERCIAL STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change Addition VELIA FOCARACCI NAME NAME STREET ADDRESS 1311 E. COMMERCIAL STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 nest with an address.

CITY-ST-ZIP

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGN IG OFFICER OR DIRECTOR

CITY-ST-ZIP