2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 393754 Apr 27, 2000 8:00 am Secretary of State SUNAIR INTERNATIONAL SALES CORP. 04-27-2000 90074 037 ***150.00 Principal Place of Business Mailing Address 3101 S.W. THIRD AVE. 3101 S.W. THIRD AVE. FT. LAUDERDALE FL 33315-3317 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1387396 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Willard D Dover FLEMING, O'BRYAN & FLEMING, PA Street Address (P.O. Box Number is Not Acceptable) 500 E BROWARD BLVD 17TH FLOOR Suite 400 FT LAUDERDALE FL 33394-3071 ^{Zip}\$35**₹**06 Ft Lauderdale statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE 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 Added to Fees Trust Fund Contribution. (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 DURHAM, SYNNOTT B NAME NAME 3101 SW 3RD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE URICHO, ROBERT NAME NAME 3101 SW 3RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 Change Addition ☐ Delete TITLE URICHO, SHIRLEY NAME NAME STREET ADDRESS STREET ADDRESS 3101 SW 3RD AVENUE CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 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.

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR