2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 403066 Feb 24, 2000 8:00 am 1. Entity Name Secretary of State P.F. BRUNGER EXPORT COMPANY 02-24-2000 90041 033 ***150.00 Principal Place of Business Mailing Address 2200 SOUTH ANDREWS AVENUE 2200 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316-3448 FORT LAUDERDALE FL 33316 ~ ~ ± U 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1437611 Not Applicable Zip Country 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 KEGELMEYER, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 2200 S ANDREWS AVENUE FT LAUDERDALE FL 33316-0448 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 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 MÄY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition Delete TITLE TITLE NAMÉ ... GILLET, PATRICK NAME STREET ADDRESS STREET ADDRESS 2401 CASTILLA ISLE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Delete Change Addition TITLE TITLE NAME KEGELMEYER, PATRICIA B NAME STREET ADDRESS STREET ADDRESS 400 NW 127TH AVE. STE. #11 CITY-ST-ZIP CITY-ST-ZIP PLANTAION FL ■ Addition TITLE ☐ Delete TITLE KEGELMEYER, FREDERIC NAME NAME STREET ADDRESS STREET ADDRESS 400 NW 127TH AVENUE SUITE 11 CITY-ST-ZIP CITY-ST-ZIP **PLANTATTION FL** Change ☐ Addition Delete TITLE 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 TITLE TITLE ☐ Delete 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.

Florida Statutes:

A. ILOYOLIEVEN.

SIGNATURE: PLOS OF PRINTED NAME DEPOYER SIGNING OFFICER OFFIRECTOR

PLOSIDENT

0x- 10 -2000

754-525-3379

Daytime Phone #