2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 410857** 1. Entity Name OMEGA GEAR, INC. 04-17-2001 90134 031 ***150.00 Mailing Address Principal Place of Business 60 NE 110 ST. 60 NE 110TH ST OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 2. Principal Place of Busine 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1425640 Not Applicable Country \$8.75 Additional Zip 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 hange of Address MEGA HERRICK, RICK Street Address (P.O. Box Number is Not Acceptable) 60 NE 110TH ST **OKEECHOBEE FL 34972** CityMIAMI 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 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, 2001 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. 15311 N.W. 33 PLACE ☐ Delete TITLE TITLE NAME NAME HERRICK, RICK MIAMI, FL. 33054 STREET ADDRESS STREET AUDITE 60 NE 110TH ST CITY-ST-ZI CITY-ST-ZIP **OCKEECHOBEE FL 34972** 15311 N. W. 33 PACE Change Addition ☐ Delete TITLE TITLE NAME HERRICK, STEPHANIE NAME STREET ADDRESS **60 NE 110TH ST** miami, FL 33054 --CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34972** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 filling 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 of 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 a other like empowered.

OFFICER OR DIRECTOR

SIGNATURE: