2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # 487652** FLORIDA MODERN ELECTRIC CO., INC. 03-20-2000 90054 001 ***150.00 Mailing Address Principal Place of Business P. O. BOX 222896 2046 MCKINLEY ST HOLLYWOOD FL 33022-2896 HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Citý & State 4. FEI Number 59-1663384 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 LIPSITZ, BARRY Street Address (P.O. Box Number is Not Acceptable) 2835 ARTHUR ST. HOLLYWOOD FL 33020 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. Atter MAY 1, 2000 Fee will be \$550.00 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. Vice-President, D ☐ Addition PD ☐ Delete TIT! F TITLE NAME NAME LIPSITZ, MAXINE STREET ADDRESS STREET ADDRESS 2835 ARTHUR STREET CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL President, STD X Change Addition Defete TITLE VSTD NAME NAME LIPSITZ, BARRY STREET ADDRESS STREET ADDRESS 2835 ARTHUR STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Change Addition TITLE ice-President TITLE VΡ 🔀 Delete Pszanka NAME mes NAME LIPSITZ, ALBERT 1901 NE 27 Street STREET ADDRESS STREET ADDRESS 4700 LINCOLN CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Lighthouse ☐ 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-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. Thereby 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 empoyered 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, while all other light empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SOURCE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/13/00

954-921-6360

Daytime Phone #