2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 508921** 1. Entity Name ACME MANUFACTURING & LEASING CORPORATION 04-26-2001 90247 040 ***150.00 Principal Piace of Business Mailing Address 1601 NW 1ST COURT 1601 NW 1ST COURT **BOCA RATON FL 33432** BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1679928 Not Applicable Zip Country 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 Name MELFI, NICHOLAS J Street Address (P.O. Box Number is Not Acceptable) 1601 NW 1ST COURT **BOX 224 BOCA RATON FL 33432** City Zip Code 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 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. PD TITL 9 ☐ Delete TITLE Change ☐ Addition MELFI, NICHOLAS J NAME NAME STREET ADDRESS 1601 NW 1ST COURT STREET ADDRESS C!TY-ST-ZIP BOCA RATON, FL 00000 CITY - ST - ZIP 1011 ☐ Deiete TITLE ☐ Chance Acdition NAM8 NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-7IP TIME ☐ Delete THEF ☐ Change [T] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 700 % De:ete DOLE ☐ Change Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

ig does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. Thereby certify that the information supplied with this fil indicated on this report or supple of the corporation or the receive d to execute changed, or on an attachmer

ICHOLAS MELFI ME OF SIGNING OFFICE

561-392-5500