2001 U IFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 549005 May 23, 2001 8:00 am Secretary of State RICHARD A. LANDAU, INC. 5-23-2001 91153 004 ***150.00 Principal Place of Business Mailing Address 410 E. HALLANDALE BEACH BIND 768847 HALLANDALE, FL. 33009 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 59-1991129 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 LANDAU, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 410 E. HALLANDALE BEACH BLUD HALLANDALE FL. 33009 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NO E: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE PSTD NAME LANDAU, RICHARD A. HID E. HALLANDALE BEACH BIND NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALLANDAILE, FL. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITE F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete NAME MMF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY - ST - ZIP ☐ Change Addition TTLE ☐ Defete MILE NAME MME STREET ADDRESS TREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP 3. 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.

SIGNATURE: 🗠

9514589858