2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 551580 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name CATZAVELOS, INC. 04-21-2000 90032 015 ***150.00 Principal Place of Business Mailing Address 4250 GALT OCEAN DR 16680 COLLINS AVE MIAMI BEACH FL 33160 FT. LAUDERDALE FL 33308-6131 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 1100 GaHOcean Dr. #1514 Suite, Apt. #, etc. 4100 Galt Ocean Dr. #1514 DO NOT WRITE IN THIS SPACE City & State Ft. Landerdale, FL City & State Ft. Lauderdale, FL Applied For 4. FEI Number 59-1791612 Not Applicable Country USA. \$8.75 Additional 33308 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGE CATZAVELOS CATZAVELOS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 4100 GALT OCEAN DRIVE 4250 GALT OCEAN DR #9K FT LAUDERDALE FL 33308 City Ft. Lauderdale ^{Zip C}33308 purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the GEORGE CATZAVELOS PRESIDENT SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its inlangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. GEORGE CATZAVELOS - PUD. A Change PD ☐ Delete TITLE 4100 GALT OCEAN DR. # 1514 CATZAVELOS, GEORGE NAME NAME 4250 GALT OLEAN DR #9K STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL 33308 FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE KANTZAVELOS, SAM C. NAME NAME 3700 GALT OCEAN DR., 1506 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P FT. LAUDERDALE FL TITLE ----TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE ☐ Change 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 ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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

SIGNATURE:

april 9/00 954-565-9001