FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 21, 2003 8:00 am Secretary of State **DOCUMENT #** 573026 1. Entity Name 01-21-2003 90118 049 ***150 00 B D K, INC. Principal Place of Business Mailing Address 18750 S.W. 105TH PLACE P. O. BOX 970788 MIAMI FL 33197-7788 MIAMI FL 33197 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1825046 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 KAUFMAN, DAVID Street Address (P.O. Box Number is Not Acceptable) 23305 S.W. 153RD AVENUE **MIAMI FL 33186** City Zip Code 8. The above named entity s its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registere SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change | ☐ Addition NAME Kaufman, L.D. NAME STREET ADDRESS 23305 S.W. 153RD AVENUE STREET ADDRESS CITY-ST-ZIP miami fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME Kaufman, M. NAME STREET ADDRESS 23305 S.W. 153RD AVENUE STREET ADDRESS CiTY-ST-7IP Miami Fl CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TiTi F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information subtlied 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 leport 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 trutted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

fone MeQ ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR