2000 UNIFORM BUSINESS REPORT (UBR)

Harold Green

SIGNATURE AND TYPED OF

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # 573182 1. Entity Name HAROLD GREEN CORPORATION 04-27-2000 90074 045 ***150.00 Principal Place of Business Mailing Address % JOSIAS & GOREN. P.A. % JOSIAS & GOREN, P.A. 3099 E. COMMERCIAL BLVD.: #200 3099 E. COMMERCIAL BLVD.. #200 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-4311 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1878814 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOREN, SAMUEL S. Street Address (P.O. Box Number is Not Acceptable) 3099 E. COMMERCIAL BLVD #200 FT. LAUDERDALE FL 33308 Zip Code City FL 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 . (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 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE ☐ Delete GREEN, HAROLD NAME 2201 NW 30TH PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE POMPANO BCH FL Addition TITLE ☐ Change ☐ Delete TITLE NAME GREEN, HAROLD NAME STREET ADDRESS 2201 NW 30TH PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF POMPANO BCH FL Addition ☐ Change TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [] Change Addition TITI E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

OFFICER OR DIRECTOR