2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am & Secretary of State **DOCUMENT #** 594318 1. Entity Name B. K. S. GENERAL CORPORATION 05-12-2002 90611 020 ***150.00 Principal Place of Business Mailing Address P O BOX 5403 P O BOX 5403 FT LAUDERDALE FL 33310-5403 FT LAUDERDALE FL 33310-5403 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 59-1896823 Not Applicable Zip Zip 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 LEVAN, ALAN B. Street Address (P.O. Box Number is Not Acceptable) 1750 E SUNRISE BLVD THIRD FLOOR FT LAUDERDALE FL 33304 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME LEVAN, ALAN B. NAME 1750 E SUNRISE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME GILBERT, GLEN R. NAME STREET ADDRESS 1750 E SUNRISE BLVD THIRD FLOOR STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP + CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ţ 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-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.

GLEN R. GILBERT

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNI

Daytime Phone #

FILED