2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 620689 May 08, 2000 8:00 am Secretary of State BRAIN POWER IDEAS, INC. 05-08-2000 90190 016 ***150.00 Mailing Address Principal Place of Business 4470 SW 74TH AVE 4470 SW 74TH AVE MIAMI FL 33155-4408 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1913005 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WERTHEIM, HERBERT A. Street Address (P.O. Box Number is Not Acceptable) 4470 SW 74TH AVNEUE **MIAMI FL 33155** Zip Code FL hits 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE WERTHEIM, HERBERT A NAME NAME STREET ADDRESS 4470 SW 74 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE W ☐ Defete TITLE WERTHEIM, VANESSA V NAME NAME 4470 SW 74 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33155 ☐ Change Addition ☐ Delete TITLE WERTHEIM-ZOHAR, ERICA V NAME NAME STREET ADDRESS 4470 SW 74 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33155 ☐ Change Addition ☐ Delete TITLE NAME NAME Wertheim, Peter B. STREET ADDRESS STREET ADDRESS 4470 SW 74 Avê CITY-ST-ZIP CITY-ST-7IP Miami, FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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

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 rotate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24-00

305-264-4465

Daytime Phone #