2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State DOCUMENT # 624508 MIAMI ARTISTIC PICTURE FRAMING, INC. 04-18-2000 90224 045 ***150.00 Principal Place of Business Mailing Address 2151 BLOUNT RD 2151 BLOUNT RD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-5112 2. Principal Place of Business 3. Mailing Address 2981 West McNab Road 2981 West McNab Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1926439 Not Applicable Pompano Beach, Florida Pompano Beach, Florida Country Country \$8.75 Additional 5. Certificate of Status Desired 33069 Fee Required 33069 Broward Broward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAVIR, ISRAEL Street Address (P.O. Box Number is Not Acceptable) 19693 NE 23RD COURT NORTH MIAMI BEACH 33180 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, 2000 Fee will be \$550.00 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. ☐ Addition ☐ Delete X Change TITLE TITLE NAME NAME SAVIR. ISRAEL STREET ADDRESS STREET ADDRESS 2151 BLOUNT RD 2981 West McNab Road CITY-ST-ZIE CITY-ST-ZIP POMPANO BEACH FL 33069 Pompano beach, Florida 33069 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing cloes 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Jarael Savir-President

(954) 984-8425

☐ Change

☐ Addition

Daytime Phone

CH2E034 (9/99