2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 665641 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name CARGOR INVESTMENTS, INC. 04-21-2000 90182 018 ***158.75 Principal Place of Business Mailing Address 5675 S.W. 35TH AVENUE 5675 SW 35TH AVENUE HOLLYWOOD FL 33312-6373 HOLLYWOOD FL 33312 3. Mailing Address 2. Principal Place of Business 3201 W Griffin RO 3201 W. Griffin Suite) Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 106 NOV Applied For City & State City & State 4. FEI Number 59-1991511 α Not Applicable ∞ Country Zip \$8.75 Additional Zip Country স্থ 5. Certificate of Status Desired 33 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent kelbaum, G0100n DECKELBAUM, GORDON P.O. Box Number is Not Acceptable 5675 SW 35TH AVENUE HOLLYWOOD FL 33312 106 Brach 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. (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 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 11. OFFICERS AND DIRECTORS 12. Delete TITLE TITLE DECKELBAUM, YETTA NAME NAME M. Grittin Rd #100 3201 STREET ADDRESS STREET ADDRESS 5675 SW 35TH AVENUE 33312 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33312 Change TITLE TITLE ☐ Delete Deckelbaum, Cor 3201 W. Griffin DECKELBAUM, GORDON NAME NAME STREET ADDRESS STREET ADDRESS 5675 SW 35 AVE CITY-ST-ZIP Dania <u>Beach, Fl</u> CITY-ST-ZIP HOLLYWOOD FL 33312 Change ☐ Addition ST ☐ Delete TITLE don pour Deckelbaum, Gor DECKELBAUM, GORDON NAME NAME 3201 W. Griffin STREET ADDRESS 5675 SW 35 AVE STREET ADDRESS CITY-ST-ZIP Dania Beach CITY-ST-ZIP HOLLYWOOD FL 33312 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP * CITY-ST-7IP 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

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SIGNATURE:

| SIGNATURE | Date | Daylime Phone #

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 than a direct changed.