2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

DOCUMENT #845971 Feb 16, 2000 8:00 am Secretary of State 1. Entity Name THE DRATEL GROUP, INC. 02-16-2000 90004 008 ***150.00 Principal Place of Business Mailing Address 300 PANTIGO PL 300 PANTIGO PLACE E. HAMPTON NY 11937 E. HAMPTON NY 11937-5907 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 13-2988986 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEARSON, MRS. SADIE Street Address (P.O. Box Number is Not Acceptable) 4770 NW 21ST ST LAUDERHILL FL 33313 City 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. red Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. 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 OFFICERS AND DIRECTORS 12. 11. Addition TITLE NAME NAME LOWLICHT, CHARLES BERNAR STREET ADDRESS STREET ADDRESS 25 ASHWOOD CT BOX 2022 CITY-ST-ZIP CITY-ST-ZIP AMAGANSETT NY hange Addition Delete TITLE TITLE PTD NAME DRATEL, WILLIAM MARSHALL NAME PANTIGO PL. #118 STREET ADDRESS STREET ADDRESS 373 S. END AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW YORK MY ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -13. I hereby certify that the information supplied with this filling 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 tryster empowered to execute this export as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if