2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am DOCUMENT # F0000005275 **Secretary of State** 1. Entity Name PDH INTERNATIONAL INCORPORATED 03-02-2001 90043 014 ***150.00 Principal Place of Business Mailing Address 203 RIO CIRCLE 203 RIO CIRCLE DECATUR GA 30030 **DECATUR GA 30030** 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 58-2409156 Not Applicable Zip Zip Country 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 WEIZENAUER, HORST Street Address (P.O. Box Number is Not Acceptable) 1250 EAST HALLANDALE BEACH BLVD., PH 2 HALLANDALE FL 33009 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition TITLE ☐ Change TITLE LEFTWICH, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 203 RIO CIRCLE CITY-ST-ZIP CITY-ST-ZIP **DECATUR GA 30030** Addition TITLE ☐ Change TITLE Delete NOWAK, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 19701 EAST COUNTRY CLUB DRIVE, #506 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 -- - Change -- - Addition TITLE= TITLE NAME WEIZENAUER, HORST NAME STREET ADDRESS STREET ADDRESS 19877 EAST COUNTRY CLUB DRIVE, #606 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180-4814 TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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SIGNATURE

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02/28/01 954-334 043

Daytime Phone #