FILED

Staylites; and that my name appears in Block 11 or Block 12 if

8038898

Secretary/Treasurer 01/04/01 (905)

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Feb 15, 2001 8:00 am DOCUMENT # F0000006442 **Secretary of State** AVSTAR COMPLETION CENTER INC. 02-15-2001 90304 001 ***900.00 Principal Place of Business Mailing Address 5340 NW 21ST AVE., HANGAR 60 5340 NW 21ST AVE., HANGAR 60 FT. LAUDÉRDALE FL 33309 FT. LAUDERDALE FL 33309 26482 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. FE! Number Applied For 65-0917816 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name BRENKUS, SHARLENE Street Address (P.O. Box Number is Not Acceptable) 225 DANIA BEACH BLVD., SUITE 210 **DANIA FL 33004** 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition BRENKUS. SHARLENE NAME NAME STREET ADDRESS 225 DANIA BEACH BLVD., SUITE 210 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 TITLE TITLE Delete Raymond F. Vanasse NAME YVEN, CLINTON NAME 2085 Hurontario Street, Ste. 200 STREET ADDRESS STREET ADDRESS 2085 HURONTARIO ST., STE. 200 Mississauga, Ontario L5A 4G1 CITY-ST-ZIP MISSISSAUGA, ONTARIO L5A 4G1 CITY-ST-ZIP ☐. Delete __ TITLE Change Addition TITLE ... NAME PROCTOR, ROGER W NAME STREET ADDRESS 2085 HURONTARIO ST., STE 200 STREET ADDRESS CITY-ST-ZIP MISSISSAUGA, ONTARIO L5A 4G1 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME 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 trustee empowered to execute this report as required by Chapter 60// Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12

Roger W. Proctor,