2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # F21584** 1. Entity Name BEST MADE HOMES, INC. 01-25-2000 90106 030 ***150.00 Mailing Address Principal Place of Business 3455 NW 55TH ST. 3455 NW 55TH ST. FT LAUDERDALE FL 33309-6308 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2155037 Not Applican ._Country___ \$8.75 Additional Zip ~ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COTILLA, ADOLFO J JR. Street Address (P.O. Box Number is Not Acceptable) BEST MADE HOMES, INC. 3455 N.W. 55TH STREET FT. LAUDERDALE FL 33309 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Addition TITLE D Delete DANIELSSON, JONAS NAME NAME STREET ADDRESS 3455 NW 55TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change Addition Delete TITLE TITLE VESTERLUND, STIG NAME NAME 3455 NW 55TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP_ FT. LAUDERDALE FL-☐ Change ☐ Addition Delete TITLE TITLE COTILLA, ADOLFO J., JR. NAME NAME 3455 NW 55TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE JOUCHIMS, SVEN OLOF NAME NAME 3455 N 55TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Additior ☐ Delete TITLE NAME

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 employered 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.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

14.00

954 484 4000 Daytime Phone #

☐ Change

■ Addition