2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # F32832 1. Entity Name 03-24-2002 90026 026 ***150.00 BUILT RITE INTERIORS, INC. Principal Place of Business Mailing Address 1210 STIRLING RD. 1210 STIRLING RD. DANIA FL 33004 DANIA FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-2098107 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUDA, MARTIN Street Address (P.O. Box Number is Not Acceptable) 442 FAIRMOUNT LANE FT. LAUDERDALE FL 33326 Zip Code City FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change ☐ Addition RUDA, MARTIN NAME NAME STREET ADDRESS 442 FAIRMOUNT LANE STREET ADDRESS FT. LAUDERDALE FL 33326 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE STD ☐ Delete TITLE NAME RUDA, GIDEON NAME STREET ADDRESS 7700 NW 87 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE:

changed, or on an attachment with an address, with

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FILED