2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001198 Feb 07, 2000 8:00 am Secretary of State THE CANTOR SEINUK GROUP, ENGINEERS, P.C. 02-07-2000 90013 018 ***150.00 Mailing Address Principal Place of Business 600 MADISON AVE. - 7TH FL. 600 MADISON AVE. - 7TH FL. NEW YORK NY 10022 NEW YORK NY 10022-1615 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-2728400 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 JACK. DELASTER CANDELA, HILARIO Street Address (P.O. Box Number is Not Acceptable) SPILLIS, CANDELA & PARTNERS 800 DOUGLAS ENTRANCE **CORAL GABLES FL 33134** City 8. The above named entity submits this statement for the purpose of changing its registered office or registe in the State of Florida SIGNATURE 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. Addition CEOS Delete TITLE TITLE SEINUK, YSRAEL A NAME NAME STREET ADDRESS STREET ADDRESS **82 TENNIS PLACE** CITY-ST-ZIP CITY-ST-ZIP FOREST HILLS GARDENS NY 11375 ☐ Change Addition Delete TITLE CANTOR, IRWIN G NAME NAME STREET ADDRESS STREET ADDRESS 2 BAY CLUB DR. - APT. 21W CITY-ST-ZIP CITY-ST-ZIP-BAYSIDE NY-11360 ☐ Change ☐ Addition Delete TITLE TITLE MARCUS, SILVIAN NAME NAME STREET ADDRESS **6 SUNSET CIRCLE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HASTINGS-ON-HUDSON NY 10706 ☐ Change ☐ Addition Delete TITLE SALCEDO, ESTANISLAO T NAME STREET ADDRESS STREET ADDRESS 12 TERRY TERRACE CITY-ST-ZIP CITY-ST-ZIP SOMERSET NJ 08873 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 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.

SIGNATURE AND TYPED OR ERINTED NAME OF SIGNING OFFICER OR DIRECTOR