2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # F98000001696 ARJAY ENTERPRISES OF NEVADA INC. 4-23-2001 90019 023 ***150.00 Principal Place of Business Mailing Address 1717 N. BAYSHORE DR #2331 1717 N. BAYSHORE DR #2331 MIAMI FL 33132-1160 MIAMI FL 33132-1160 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 91-1884527 Not Applicable Ζip 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 CANTWELL, RONALD J Street Address (P.O. Box Number is Not Acceptable) 1717 N. BAYSHORE DR #2331 MIAMI FL 33132-1160 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **CPS** ☐ Delete TITLE ☐ Change ☐ Addition NAME CANTWELL, RONALD J STREET ADDRESS 1717 N. BAYSHORE DR #2331 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132-1160 VCVT ☐ Delete TITLE ☐ Change ☐ Addition NAME CANTWELL, PATRICIA M NAME STREET ADDRESS STREET ADDRESS 1717 N. BAYSHORE DR #2331 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33132-1160 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 TITLE ☐ Delete TITLE ☐ 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 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 PORTO DE SI OR P.

Ment Agey Enterprises

4/12/01 (305)377-96K