2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9900000367 Jan 21, 2000 8:00 am TAILORS PLUS CO. **Secretary of State** 01-21-2000 90059 035 ***158.50 Principal Place of Business Mailing Address 7300 DODGE ST. SUITE 625 7300 DODGE ST. SUITE 625 OMAHA NE 92131-2377 OMAHA NE 68114 2. Principal Place of Business 10401 Southern Blvd. 3. Mailing Address 10401 Southern Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 47-0722955 Royal Palm Beach, FL. Royal Palm Beach, Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 区 33411 Fee Required USA 33411 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANNA, SAWSAN A Street Address (P.O. Box Number is Not Acceptable) 3697 MIRAMONTES CIRCLE **WELLINGTON FL 33414** 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) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition TITLE TITLE Delete NAME NAME HANNA, SAWSAN A STREET ADDRESS 3697 MIRAMONTES CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 XX Change VS ☐ Addition ☐ Delete TITLE TITLE ESKANDAR, NADER E ESKANDAR, NADER E NAME NAME STREET ADDRESS 10674 Sunset Ridge STREET ADDRESS 1412 OAKCREST AVE CITY-ST-ZIP CITY-ST-ZIP San Diego, CA 92131 S. PASADENA CA 91030 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

ESKANDAR, NADER E (VS)

INTED NAME OF SIGNING OFFICER OR DIRECTOR

(561)333-2320

14, 2000