2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # F99000003828 WHOLESALE WAREHOUSING OF NEW ENGLAND, INC. 01-24-2000 90054 031 ***150.00 Mailing Address Principal Place of Business 19925 N.E. 39TH PLACE, UNIT 502 SOUTH N.E. 39TH PLACE. UNIT 502 SOUTH UVGULUUA AVENTURA FL 33180-3090 FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 04-3109532 Not Applicable Country \$8.75 Additional Zip Country 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 WAUGH-CASTLE, ROBIN Street Address (P.O. Box Number is Not Acceptable) 19925 N.E. 39TH PLACE, UNIT 502 SOUTH **AVENTURA FL 33180** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. 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. CR2E034 (9/99) Change ☐ Addition PC ☐ Delete TITLE TITLE WAUGH-CASTLE, ROBIN NAME NAME STREET ADDRESS 19925 N.E. 39TH PLACE, UNIT 502 SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 Change ☐ Addition ☐ Delete TITLE CASTLE, GEORGE NAME NAME 19925 N.E. 39TH PLACE, UNIT 502 SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE 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-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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowe

Jan. 14(2006