2000 UNIFORM BUSINESS REPORT (UBR) DÖCUMENT # F9900004334 Aug 08, 2000 8:00 am Secretary of State 1. Entity Name THE LOGAN GROUP, INC. 08-08-2000 90006 017 ***550.00 Principal Place of Business Mailing Address 38-11 DITMERS BLVD., 89-A 38-11 DITMERS BLVD., 89-A ASTORIA NY 11105 **ASTORIA NY 11105** 2. Principal Place of Business 3. Mailing Address 13876 S.W. 56+L. St. 3876 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #284 # 284 City & State City & State Applied For 4. FEI Number 11-3410513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33/75 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAVE LAU ZON ROBERTSON, SHANE Street Address (P.O. Box Number is Not Acceptable) #284 18761 W. DIXIE HWY, #235 N MIAMI BEACH FL 33180 Zip Code 33/75 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. rinted name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. TITLE **PSTD** TITLE President ☐ Addition Delete DAVE LAUZON
13876 S.W. SGth St. NAME LAUZON, DAVE NAME STREET ADDRESS 38-11 DITMARS BLVD., #89-A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4: Ami, Fl. 33175 ASTORIA NY Delete TITLE ☐ Change [Addition TITLE NAME MAARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ 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-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

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.