FILED

2001 UNIFORM BUSINESS REPORT (UBR)

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|--|-----------------------|
| Principal Place of Business C/O JAGUSZTYN & JAGUSZTYN PA 701 E COMMERCIAL BLVD #200 FT LAUDERDALE FL 33334 C Principal Place of Business Mailing Address C/O JAGUSZTYN & JAGUSZTYN PA 701 E COMMERCIAL BLVD #200 FT LAUDERDALE FL 33334 C Principal Place of Business A Mailing Address A Mailing Address A Mailing Address | |
| 2. Principal Place of Business 3. Mailing Address | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE | |
| 0F 07440F0 | ied For Applicable |
| Zip Country Zip Country 5. Certificate of Status Desired Fee Required | onal |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name | |
| JAGUSZTYN, RICHARD J 701 E COMMERCIAL BLVD #200 Street Address (P.O. Box Number is Not Acceptable) | |
| FT LAUDERDALE FL 33334 City FL 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | N 11 |
| TITLE CDPS ☐ Delete TITLE ☐ Change NAME LAHTEENMAKI, HARRI NAME NAME STREET ADDRESS 701 E COMMERCIAL BLVD #200 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33334 CITY-ST-ZIP | Addition |
| TITLE T Delete TITLE Change NAME JAGUSZT YN, RICHARD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CHANGE CHA | Addition |
| TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | Addition |
| TITLE Delete TITLE Change NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | Addition |
| TITLE Delete TITLE Change NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | Addition |
| TITLE NAME 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. | ☐ Addition |

Intereby 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.

GNATURE:

GNATURE:

SIGNATURE: