FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # G66811** 1. Entity Name PATRICK POWER CORP. 04-12-2001 90044 036 ***150.00 Principal Place of Business Mailing Address 5691 N.E. 14 AVENUE 5691 N.E. 14 AVENUE FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 US LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2339160 Not Applicable Zip Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NILES, CHRISTOPHER D Street Address (P.O. Box Number is Not Acceptable) 2601 E. OAKLAND PARK BLVD. SUITE 400 FORT LAUDERDALE FL 33306 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, 2001 Fee will be \$550.00 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. ☐ Change TITI F Delete TITLE NAME DRISCOLL, JAMES NAME Buffett, RobertoW. STREET ADDRESS STREET ADDRESS 5691 N.E. 14 Avenue 5691 N.E. 14 AVENUE CITY-ST-ZIP Ft. Lauderdale, FL 33334 CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE Delete TITI F ☐ Change X Addition DRISCOLL, MARTIN K NAME Patel: Mahendra NAME 5691 N.E. 14 Avenue STREET ADDRESS 5691 N.E. 14 AVENUE STREET ADDRESS Ft. Lauderdale, FL 33334 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 Addition TITLE Delete TITLE X Change Kirby, Joan Driscoll NAME DRISCOLL, MICHAEL J NÂME STREET ADDRESS 5691 N.E. 14 AVENUE STREET ADDRESS 5691 N.E. 14 Avenue CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP Ft. Lauderdale, FL 33334 TITLE ☐ Delete TITLE ☐ Change Addition DRISCOLL, JOAN C NAME NAME STREET ADDRESS STREET ADDRESS 5691 N.E. 14 AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 TITLE ☐ Delete TITLE Change ☐ Addition KIRBY, JOAN DRISCOLL NAME NAME STREET ADDRESS 2455 E. SUNRISE BLVD, #400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 TITLE Change ☐ Delete TITI F ☐ Addition NAME ROSENTHAL, AARON NAME STREET ADDRESS STREET ADDRESS 5691 N.E. 14 AVENUE CITY-ST-ZIP FORT LAUDERDALE FL 33334

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:

SIGNING OFFICER OR DIRECTOR

4/6/01

954-491-7745 Ext.

Daytime Phone #

CR2E034 (10/00)