2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # H15494** 1. Entity Name CURZON INVESTMENTS, INC. 05-03-2001 90941 004 ***150.00 Mailing Address Principal Place of Business 2856 BANYAN BLVD CR NW 6192 N FEDERAL HWY **BOCA RATON FL 33487** BOCA RATON FL 33431-929 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2681358 Not Applicable \$8.75 Additional Country 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 PULLEN, GRENVILLE GEORGE Street Address (P.O. Box Number is Not Acceptable) 2856 BANYAN BLVD GR NV BOCA RATON FL 334B1 / Zip Code ಪರ್ಷಿಗಳ ೧೯೮೨ purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if application (NOTE: Registered Agent signature required when rein 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME PULLEN, GRENVILLE GEORGE NAME STREET ADDRESS STREET ADDRESS 2856 BANYAN BLVD CR NW CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Change ☐ Delete TITLE TITLE PULLEN, GRENVILLE GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 2856 BANYAN BLVE. CR NW CITY-ST-ZIP CITY-ST-ZIP **BACA RATON FL** ☐ Change ~ ☐ Addition Délete TITLE NAME 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

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 eport 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 true empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if ess, with all other like empowered.

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Change

☐ Addition

☐ Addition