2003 FOR PROFIT CORPORATION

FILED Mar 17, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** H31496 DOCUMENT # 1. Entity Name 03-17-2003 90699 041 ***150.00 ZARLENE IMPORTS, INC. Principal Place of Business Mailing Address % JOSEPH ZERGER % JOSEPH ZERGER 1550 E. OAKLAND PARK BLVD. 1550 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2473538 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZERGER, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1550 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 City 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition Zerger, Joseph NAME r NAME 1550 E. OAKLAND PARK BLV STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP_ CITY-ST-ZIP SD TITLE Delete TITLE ☐ Change Addition ZERGER, DANIELLE NAME NAME STREET ADDRESS 1550 E. OAKLAND PARK BLV STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLÉ . ___Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Time & Progra TITLE ☐ Addition NAME. NAME 3 STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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