2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # H53556** HIALEAH WEST COAST, INC. 04-30-2001 90024 037 ***150.00 Mailing Address Principal Place of Business 105 E. 21ST STREET 105 E. 21ST STREET P.O. BOX 158, N/A P.O. BOX 158 HIALEAH FL 33010 HIALEAH FL 33010 US 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 **NOT APPLICABLE** Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAN LINDT, JOHN Street Address (P.O. Box Number is Not Acceptable) 105 E 21 ST. HIALEAH FL 33010 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00 ☐ Change ☐ Addition Delete TITLE TITLE BRUNETTI, JOHN J. NAME NAME STREET ADDRESS STREET ADDRESS 105 E 21ST ST. CITY-ST-ZIP CITY-ST-7IP HIALEAH FL ☐ Change ☐ Addition TITLE Delete TITLE BRUNETTI, JOHN J., JR. NAME NAME STREET ADDRESS 105 EAST 21ST STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH FL Change ☐ Addition TITLE Delete TITLE NAME BRUNETTI, STEPHEN P. NAME STREET ADDRESS STREET ADDRESS 105 E 21ST STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE Delete TITLE ☐ Change ☐ Addition BOBER, MONROE NAME STREET ADDRESS 105 E 21ST ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS