2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # H77067** 1. Entity Name MELRIC, INC. 4-27-2001 90249 034 ***150.00 Principal Place of Business Mailing Address 3720 NW 116 TERRACE 3720 NW 116 TERRACE SUNRISE FL 33323 SUNRISE FL 33323 643667 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2620868 Not Applicable Country 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 HANDLER, SANDI Street Address (P.O. Box Number is Not Acceptable) 11110 W OAKLAND PK BLVD FORT LAUDERDALE FL 33351 Zip Code City 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 Fiorida. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Change Addition ☐ Delete TITLE TITLE HANDLER, SANDI NAME NAME 3720 NW 116 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE FL C:TY - ST - 719 Addition TITLE ☐ Delete TITLE Change HANDLER, STEWART NAME NAME 3720 NW 116 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SUNRISE FL ☐ Chadde [] Addition ☐ Delete 7171.5 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)