2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # H82708** Mar 06, 2000 8:00 am Secretary of State 1. Entity Name SELAW OFFICES OF KRIS E. PENZELL, P.A. 03-06-2000 90030 016 ***150.00 Mailing Address Principal Place of Business 407 LINCOLN ROAD 407 LINCOLN ROAD #10-D --MIAMI BEACH FL 33139-3016 MIAMI BEACH FL 33139 , US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt #, etc. Applied For City & State 4. FE) Number City & State 59-2594863 Not Applicable \$8.75 Additional 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 Name PENZELL, KRIS E. Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN ROAD, CUITE 10D MIAMI BEACH FL 33139 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. - . Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS .. 12. 11. ☐ Change Addition ☐ Delete TITLE PENZELL, KRIS E. NAME NAME 407 LINCOLN ROAD, SUITE 10D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE -- - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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 address, with all other like empowered. changed, or on an attachment

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

EQUIDE. OF SIGNING OFFICER OR DIRECTOR