2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # K24124 1. Entity iame TEN-SIXTY CO., INC. 01-29-2001 90194 030 ***150.00 Principal Place of Business Mailing Address 2223 PEMBROKE ROAD 2223 PEMBROKE ROAD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0055993 Not Applicable Zip 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 BARAK, BARRY Street Address (P.O. Box Number is Not Acceptable) 17275 COLLINS AVE PH4 SUNNY ISLES BEACH FL 33160 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change NAME BARAK, BARRY NAME STREET ADDRESS 17275 COLLINS AVE PH4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 ☐ Delete TITI F Change ☐ Addition NAME BARAK, HELEN NAME STREET ADDRESS 17275 COLLINS AVE PH4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 TITLE Change TITLE ☐ Delete ☐ Addition NAMÉ NAME SCHWARTZ, EILEEN A STREET ADDRESS STREET ADDRESS 17275 COLLINS AVE PH4 CITY-ST-7/P CITY-ST-ZIP SUNNY ISLES BEACH FL 33160 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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. Helen Barak 1/20/2001 944-8333

NAME OF SIGNING OFFICER OR DIRECTOR