2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K33411 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name SUNWORLD GROUP REALTY, INC. 09-11-2000 90017 028 ***158.75 Principal Place of Business Mailing Address 1918 HARRISON STREET 1918 HARRISON STREET SUITE 203 SUITE 203 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 26-3234660 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 SCHEIBER, FRITZ Street Address (P.O. Box Number is Not Acceptable) 16720 AMBER BAY DRIVE WESTON FL 33331 - 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) DATE FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. ☐ Addition TITLE TITLE Change Delete SCHEIBER, FRITZ NAME NAME STREET ADDRESS 1918 HARRISON STREET STE 203 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 23. 396g July Delete TIT! E ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. ZIE CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI E NAME NAME STREET ADDRESS 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 of trustee impowered 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 appears, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

City-ST-ZIP

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9/5/00

I SPOKE TO A GENTLEMAN IN YOUR OFFICE TODAY REGARDING MY ANOUAL REPORT. I TOLO HIM I NEVER RECEIVED MY FIRST NOTICE IN THE MAIL. HE TOLD ME TO SEND 150 WITH MY REPORT. I NOW UNDERSTAND IF II PONT RELEVE MY FINST NOTICE BY THE GOD OF FERRYARY, I SHOULD CALL