2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 17, 2001 8:00 am Secretary of State DOCUMENT # **K43480** 1. Entity Name SAS CONSULTING, INC. 01-17-2001 90093 040 ***150.00 Principal Place of Business Mailing Address 3810-0TEEPLEGIUSE 65W N.W. 10 10002 NW 59TH COURT PARKLAND FL 33076 C/O SEYMOUR DIAMOND 603300 2. Principal Place of Business 65VV N.W. 103 19 TERRI Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0089642 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ----DIAMOND, ANN F Street Address (P.O. Box Number is Not Acceptable) 10002 N.W. 59TH COURT PARKLAND FL 33076 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) Addition TITLE ☐ Delete Change NAME NAME DIAMOND, ANN FRANCES STREET ADDRESS 10002 NW 59TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL ☐ Change ☐ Addition TITLE TITLE NAME DIAMOND, SEYMOUR NAME STREET ADDRESS STREET ADDRESS 53:13 STEEPLECHASE CITY-ST-ZIP CITY-ST-7IP Delete ☐ Addition TITLE ☐ Change TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 ☐ Delete ☐ Addition 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 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 supplied for the receiver of 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 altest er like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR