2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2000 8:00 am Secretary of State **DOCUMENT # L30329** 1. Entity Name AWS REAL ESTATE, INC. 02-26-2000 90054 048 ***150.00 Principal Place of Business Mailing Address %E.E. SEILER, JR. %E.E. SEILER, JR. 010203 2900 E OAKLAND PARK BLVD. STE 200 2900 E OAKLAND PARK BLVD. STE 200 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306-1804 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEL Number 65-0156955 Not Applicable 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 SEILER, E.E. JR. Street Address (P.O. Box Number is Not Acceptable) 2900 E OAKLAND PARK BLVD, STE 200 FT. LAUDERDALE FL 33306 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) 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE Change TITLE NAME SEILER, E.E. JR. NAME STREET ADDRESS STREET ADDRESS 2900 E OAKLAND PARK BLVD, STE 200 CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .CITY-ST-ZIP Addition Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/8 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP