2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED May 05, 2000 8:00 am Secretary of State **DOCUMENT # L36611** PRESTON, INC. 05-05-2000 90091 022 ***150.00 Principal Place of Business Mailing Address 218 COMMERCIAL BLVD. C/O VICTORIA I. PRISTO 218 COMMERCIAL BLVD. SUITE 203 203 LAUDERDALE-BY-THE-SEA FL 33308-4462 LAUDERDALE BY THE SEA FL 33308 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. FEI Number City & State 65-0163170 Not Applicable Zip Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent-PRISTO, VICTORIA I. Street Address (P.O. Box Number is Not Acceptable) 218 COMMERCIAL BLVD. SUITE 203 LAUDERDALE-BY-THE-SEA FL 33308 Zip Code 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) DATE 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 OFFICERS AND DIRECTORS 11. 12. Change Addition □ Delete TITLE TITLE PRISTO, ROBERT E NAME STREET ADDRESS STREET ADDRESS 218 COMMERCIAL BLVD. 203 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE-BY-SEA FL 33308 ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 entails 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 concoration or 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 address, with all other like empowered.

Daytime Phone #

NE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR