2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND

FILED DOCUMENT # L42379 Apr 14, 2000 8:00 am Secretary of State SIMBA OF MIAMI, INC. 04-14-2000 90005 013 ***150.00 Principal Place of Business Mailing Address %JAMES A. FULGINITI %JAMES A. FULGINITI 2393 W. 76TH ST. 2393 W. 76TH ST. HIALEAH FL 33016 HIALEAH FL 33016-1842 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0169837 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FULGINITI. JAMES A. Street Address (P.O. Box Number is Not Acceptable) 2393 W. 76TH ST. HIALEAH FL 33016 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SCHECHTER, JAY D. NAME STREET ADDRESS STREET ADDRESS 2201 STAHAM BLVD. CITY-ST-ZIP CITY-ST-ZIP OXNARD CA ☐ Change TITLE ۷D ☐ Delete TITLE ☐ Addition NAME NAME STOUT, JOHN E. STREET ADDRESS STREET ADDRESS 142 TIMBER RD. CITY-ST-ZIP CITY-ST-ZIP **NEWBURY PAK CA** Change ☐ Addition TITLE ☐ Delete TITLE NAME SEELER, STUART A. NAME STREET ADDRESS STREET ADDRESS 1513 JOSHUA PL. CITY-ST-ZIP CITY-ST-7IP CAMARILLO CA ☐ Addition Change TITLE STD TITLE ☐ Delete FULGINITI, JAMES A. NAME NAME STREET ADDRESS STREET ADDRESS 5341 HAWKES BLUTT AVE. CITY-ST-7IP CITY-ST-ZIP DAIVE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 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 ampowered 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 attack ment with an address, with all other like empowered.

TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC. TREAS.