FILED

2003 FOR PROFIT CORPORATION

Jan 13, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** L60907 1. Entity Name 01-13-2003 90842 009 ***150.00 FORTUNE RATTAN IMPORTS, INC. Principal Place of Business Mailing Address 1401 SW 8TH STREET 1401 SW 8TH STREET POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number Applied For 65-0187181 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 SNYDER, PETER J. Street Address (P.O. Box Number is Not Acceptable) 568 YAMATO RD., #200 BOCA RATON FL 33431 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition VIRGINIA FERMIN NAME STREET ADDRESS 9607 LAKE SERENA DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME BILL D. STOTT NAME STREET ADDRESS 9607 LAKE SERENA DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

☐ Delete

☐ Delete

☐ Change

☐ Change

■ Addition

☐ Addition