2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State DOCUMENT # L62863 1. Entity Name 09-12-2001 90035 027 ***550.00 DEGROOT INDUSTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 18375 104TH TERRACE SOUTH 18375 104 TERR **BOCA RATON FL 33498 BOCA RATON FL 33498** 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 65-0188191 Not Applicable Country Zip Country Zip__ \$8.75 Additional Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name **DEGROOT, RONALD JAN** Street Address (P.O. Box Number is Not Acceptable) 18375 104TH TERRACE SOUTH BOCA, RATON FL 33498 City Zip Code 8. The doove 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. SE C RETARY **∠** Addition TITLE ☐ Delete TITLE Change DE GROOT, RONALD J. AIMLE DEGROOT NAME NAME 18375 JOUTH TERPACE SOUTH STREET ADDRESS |18375 104TH TERRACE SOUTH STREET ADDRESS BOCA RATON, FL 33498 CITY-ST-ZIP CITY-ST-ZIE BOCA RATON FL ☐ Addition TITI F ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIE ☐ Delete TITLE Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

ME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

CR2E034 (5/01