2000 UNIFORM BUSINESS REPORT (UBR)

May 02, 2000 8:00 am Secretary of State **DOCUMENT # L77797** 1. Entity Name STEVE KISH DETAILING, INC. 05-02-2000 90058 014 ***150.00 Mailing Address Principal Place of Business 3336 LEE ST 3336 LEE ST HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-4335 **LUU/3129** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3021190 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WORLDWIDE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA **SUITE 2626** FT. LAUDERDALE FL 33394 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE KISH, STEPHEN NAME STREET ADDRESS STREET ADDRESS **3336 LEE ST** CITY-ST-ZIP CITY-ST-ZIP **HOLLYWOOD FI** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME KISH, LAURA STREET ADDRESS STREET ADDRESS 3336 LEE ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete ---- 🔄 Change ---- 🗀 Addition TITLE TITLE NAME 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-ZIE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

ddress, with all other like empowered.

CITY-ST-ZIP