## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 199000002875 1. Entity Name FILED W 3/20 U.S. BUILDINGS INTERNATIONAL, LLC 00 MAR -7 PM 4:01 Principal Place of Business 200 East Broward Blvd. Mailing Address . SECRETARY OF STATE TALLAHASSEE FLORIDA 15th Floor Fort Lauderdale, Florida 33301 3. Mailinn Arthroce 2. Principal Place of Business 1182 E. Newport Center Dr. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For ~:... o Stata 4. FEI Number City & State 65-0931 794 Deerfield Beach, Florida Not Applicable Country Country' \$5.00 Additional 5. Certificate of Status Desired Fee Required 33442 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gary Rack Denise J. Ganz, Esq. Street Address (P.O. Box Number is Not Acceptable) 200 E. Broward Blvd., 15th Floor Fort Lauderdale, Florida 33301 1182 E. Newport Center Drive City 33442 Deerfield Beach its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub-RACK name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. Managing Member Addition TITLE ☐ Change Delete TITLE Gary Rack NAME NAME 1182 E. Newport Center Drive STREET ADDRESS STREET ADDRESS Deerfield Beach, Florida 33442 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITI F ☐ Defete NAME 900003179379--8 -03/22/00--01024--015 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 本本本本本50、00 本有を指摘50・世 Abdition 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 ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F **≱**TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information sumplied with this filling 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 is true and acceptate and that my arguature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of hustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER