2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M03238 May 22, 2000 8:00 am Secretary of State 1. Entity Name STAR SPECIALISTS OF KENDALL, INC. 05-22-2000 90027 032 ***150.00 Principal Place of Business Mailing Address C/O JOHN STEELMAN C/O JOHN STEELMAN 11570 S.W. 120TH STREET 11570 S.W. 120TH STREET MIAMI FL 33176 MIAMI FL 33176-4423 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2480219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent Name STEELMAN, JOHN Street Address (P.O. Box Number is Not Acceptable) 11570 S.W. 120TH STREET MIAMI FL Zip Code City 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 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Delete TITLE TITLE FRENCH, DOUGLAS NAME NAME 3553 CRYSTAL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL Change ☐ Addition TITLE TITLE ☐ Delete STEELMAN, JOHN NAME NAME 9830 S.W. 112TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI FL Addition ☐ Change TITLE ☐ Delete TITLE STEELMAN, JOHN NAME NAME 9830 S.W. 112TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

changed, or on an attachment with all address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

JOHN STEELMAN LL LZ

☐ Delete

4-30-00

28-238-4993

Daytime Phone #

Change

Addition