2000 UNIFORM BUSINESS REPORT (UBR) Feb 23, 2000 8:00 am Secretary of State **DOCUMENT # M09726** E & C MAINTENANCE CORP. 02-23-2000 90016 045 ***150.00 Principal Place of Business Mailing Address C/O CHARLOTTE NAGYMIHALY C/O CHARLOTTE NAGYMIHALY 1738 SOUTH MIAMI AVENUE 1738 SOUTH MIAMI AVENUE **シェルリョカ** MIAMI FL 33129-1511 MIAMI FL 33129 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #; etc. Applied For City & State City & State 4. FEI Number 59-2478057 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAGYMIHALY, CHARLOTTE Street Address (P.O. Box Number is Not Acceptable) 1738 SOUTH MIAMI AVENUE **MIAMI FL 33129** 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 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAGYMIHALY, CHARLOTTE NAME NAME STREET ADDRESS STREET ADDRESS 1738 SOUTH MIAMI AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAGYMIHALY, EVA NAME STREET ADDRESS STREET ADDRESS 1738 SOUTH MIAMI AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete

13. I hereby certify that the information supplied 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 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.

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/10/00 3058542467

☐ Addition

☐ Change

CHARLOTTE NAGYMIHALY