2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # M62675** 1. Entity Name SCHEVER INTERNATIONAL HOLDINGS, INC. 02-01-2000 90012 024 ***150.00 Principal Place of Business Mailing Address 7280 W PALMETTO PARK RD 7280 W PALMETTO PARK RD SUITE 201 80007477 **BOCA RATON FL 33433-3401 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0021385 Not Applicable Country Zip Country Zip \$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 FRANKE, INGRID A Street Address (P.O. Box Number is Not Acceptable) 7280 W. PALMETTO PARK ROAD SUITE 201 **BOCA RATON FL 33433** City Zip Code Fl 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 DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete FRANKE, INGRID NAME STREET ADDRESS 7280 W PALMETTO PARK RD STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **BOCA RATON FL** Delete ☐ Change ☐ Addition TITLE TITLE KROPKA, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 178 ST. GEORGE STREET CITY-ST-ZIP CITY_CT_ZIP_ #TORONTO: CANADA 🖘 ☐ Change Addition Delete TITI F TITLE TIKAL, MANFRED A. NAME NAME STREET ADDRESS STREET ADDRESS 178 ST. GEORGE STREET CITY-ST-ZIP CITY-ST-ZIP TORONTO, CANADA ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: