2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # M69416 Jul 26, 2000 8:00 am Secretary of State 1. Entity Name M.A.M. INDUSTRIES, INC. 07-26-2000 90044 022 ***150.00 Mailing Address Principal Place of Business M.A.M. INDUSTRIES INC M.A.M. INDUSTRIES INC 10736 SKYLARK DR 10736 SKYLARK DR JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2875592 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHAO, THOMAS K. Street Address (P.O. Box Number is Not Acceptable) 10736 SYKLARK DR. JACKSONVILLE FL 32257 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 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 ☐ Delete TITLE TITLE CHAO, THOMAS K. NAME NAME 10736 SKYLARK DR. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DVS ☐ Delete TITLE TITLE CHAO, LECO L. NAME NAME STREET ADDRESS 10736 SKYLARK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL ___Change__ _ Addition. TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

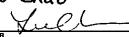
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED

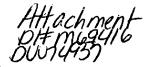


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10736 Skylark Dr. Jacksonville, Florida 32257

July 20, 2000

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: 2000 Uniform Business Report

Gentlemen:

Enclosed please find our completed 2000 Uniform Business Report. We are enclosing payment in the amount of \$150.00 (the original fee), due to the fact that the 1st notice of the report was not received by our office. We do not know the reason that the original report was not received; however, we request that the penalty be waived due to reasonable cause.

If you have any questions about the above, please do not hesitate to contact us. Thank you for your consideration in this matter.

Very truly yours,

Leco Chao

Vice President

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