2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # M89881 1. Entity Name **DEERFIELD ART & FRAME INC** 04-12-2000 90024 020 ***150.00 Mailing Address Principal Place of Business 3964 W. HILLBORO BLVD. 3964 W. HILLBORO BLVD. DEERFIELD BEACH FL 33442-9415 DEERFIELD BEACH FL 33442 C0057931 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT-WRITE IN-THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0072448 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENDIT, HUGH Street Address (P.O. Box Number is Not Acceptable) 7197 ENCINA LANE **BOCA RATON FL 33433** 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. DATE (NOTE: Registered Agent signature required when reinstating) 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PID TITLE ☐ Change ☐ Addition Delete TITLE BENDIT, RICHARD NAME NAME STREET ADDRESS 3964 W HILLSSBORO BLVD STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE BENDIT, HUGH NAME NAME 7197 ENCINA LANE STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-7(P Change ☐ Addition 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 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME 图10 智慧 图10 图160 图 STREET ADDRESS STREET ADDRESS 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: