FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 24, 2002 8:00 am 5 DOCUMENT # N0100007131 **Secretary of State** 1. Entity Name 03-24-2002 90085 044 ****61.25 REBIRTH TECHNOLOGIES, INC. Principal Place of Business Mailing Address 8441 NW 199TH LANE" 6441-NW 199TH LANE HIALEAH FL-00019 IALEAH FL 00015 0. BO 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Sou Not Applicable Country \$8.75 Additional Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAING, VASHIPE 6441 NW-199TH LAKE HIALEAH FL 33875 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. E: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete (9/01)**TPS** ON 🗆 Change TITLE TITLE NAME LAING, VASHTI NAME STREET ADDRESS STREET ADDRESS 6441 NW 199TH LANE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33015 ☐ Delete TITLE SUDINE, EMILY NAME NAME STREET ADDRESS STREET ADDRESS 3581 INVERRARY DRIVE STE C101 City-St-7tP CITY-ST-ZIP LAUDERHILL FL 33019 TITLE D TITLE HAFT, GLENN NAME NAME STREET ADDRESS STREET ADDRESS **3421 N 41TS COURT** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

TITLE DS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SELATED ABOUTBED

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

NAME OF SIGNING OR DESCRIPTION

NAME OF SIGNING OFFICER OR D

☐ Delete

March 6, 7002 993-991

REBIRTH TECHNOLOGINC FEI 65-1141738/009157 DOQUMENT # NO1000007/3/ additions/charges to offer & directors Diane M. Jones D 6 Bacon frint Road Patokee, FL 33476.