2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P0000003368 1. Entity Name LAWRENCE J. SEMMEL, E.A. CHARTERED 01-26-2001 90067 043 ***150.00 Principal Place of Business Mailing Address 8041 N.W. 54TH COURT 8041 N.W. 54TH COURT LAUDERHILL FL 33351-5064 LAUDERHILL FL 33351-5064 2. Principal Place of Business 3. Mailing Address 8041 NW 54th Court 8041 NW 54th Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Lauderhill, Applied For City & State 4. FEI Number Lauderhill, FL 65-0438312 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33351 USA 33351 USA Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Name SEMMEL, LAWRENCE J Street Address (P.O. Box Number is Not Acceptable) 8041 N.W. 54TH COURT LAUDERHILL FL 33351-5064 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F President TITLE ☐ Addition Delete Change NAME NAME Lawrence J. Semmel STREET ADDRESS 8041 NW 54th Court STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Lauderhill, FL 33351 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. (954)

NING OFFICER OR DIRECTOR

01-05-01

742-7325

Daytime Phone #