5/11. 2001 UNIFORM BUSINESS REPORT (UBR) Jun 04, 2001 8:00 am Secretary of State DOCUMENT # P0000009207 05-11-2001 90031 007 ***158.75 SOUTH FLORIDA ENGINEERING & DEVELOPMENT CORPORAT Principal Place of Business Mailing Address 5450 NW 114TH AVENUE 5450 NW 114TH AVENUE UNIT 203 UNIT 203 MIAMI FL 33178 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 3W. 118 Sheet 13001 SW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number LNACTIVE Not Applicable \$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 NAPIER, LUCIAN H JR. Street Address (P.O. Box Number is Not Acceptable) 5450 NW 114TH AVENUE **UNIT 203** 3W MIAMI FL 33178 Zip Code 186 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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 IDERS AND DIRECTORS 11. MBBENI ☐ Change Addition CR2E034 (10/00 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Change ☐ Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE

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 Biock 11 or Biock 12 if

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

CHTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Addition