2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # Possoo PISSIY Feb 01, 2001 8:00 am 1. Entity Name Secretary of State Law OFFices OF Barry Struen Mittelbery, PA 02-01-2001 90191 007 ***150.00 Principal Place of Business 8100 MONTH UNIVERSITY DRIVE 5042 102 Ft. Landerdale, FL 33321 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0980954 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barry J. Mittelberg Place in constant Street Address (P.O. Box Number is Not Acceptable) 50,42 102 Zip Code Ft. Lauderdale, Je 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. / tus B 823+ P 73 -01 20 x 6 P Change TITLE ☐ Delete TITLE Addition NAME extells think . Z pu STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33321 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS aidendale, FL CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Barry 5 Mittelberg 1/15/01 954-752-1213
CER OR DIRECTOR Daytome Phone #

☐ Change

□ Addition