-2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P000000 13430 04-11-2001 90085 005 ***150.00 DIVER MASTER CRAFT, INC. Principal Place of Business Mailing Address 820 NE 126th Street 820 NE 126th Street North Miami, Fl. 33161 North Miami, Fl. 33161 10045946 2. Principal Place of Business 3. Mailing Address 820 NE 126th Street 820 NE 126th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State X Applied For 4. FEI Number North Miami, North Miami, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33161 33/61 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Francisco Ferreras Name 820 NE 126th Street Street Address (P.O. Box Number is Not Acceptable) North Miami, FL. 33161 City Zip Code FL 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Francisco terreras SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (11/00) Pres. TITLE __ Change ☐ Delete TITLE Addition NAME NAME Francisco Ferreras STREET ADDRESS STREET ADDRESS 820 NE 126th Street CITY-ST-ZIP CITY-ST-ZIP North Miami, Fl. 33161 Delete TITLE TITLE Change Adodien NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THEE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete LIE ☐ Chance 11019 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7!P CITY-ST-ZIP ☐ Delete TITLE 7171.5 ☐ Change Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY - ST. ZIP CITY ST-ZIP ☐ Delete TITLE Addition TiTLE. ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP DITY - ST- ZIP 13. Increby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information

SIGNATURE: FIGURE DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DIRECTOR

DESCRIPTION OF THE PROPERTY OF THE

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