2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or th changed, or on an attachny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # P0000020163 1. Entity Name MRB HOLDINGS, INC. 05-04-2001 90018 013 ***150.00 Principal Place of Business Mailing Address 2201 CORPORATE BLVD., SUITE 103 2201 CORPORATE BLVD., SUITE 103 BOCA RATON FL 33431 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address ROYAL 033 ROYAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FELNumber Applied For City & State 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 CHRIS MAXSON BEYER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) の ROYAL BIRKOALE OR 2201 CORPORATE BLVD., SUITE 103 **BOCA RATON FL 33431** sistatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above no entity submits SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing √**\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME BEYER, STEPHEN NAME STREET ADDRESS STREET ADDRESS 2201 CORPORATE BLVD., SUITE 103 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Change TITLE TITLE ☐ Delete CHRIS MAXSON NAMÉ NAME 1033 ROYAL BIRKDAUS OR STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TARPON SPRINGS IFL 34689 ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP formation 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 suppliemental 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 economic products of the same legal effect as if made under oath; that I am an officer or director or trustee produced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the product of the same products of the same product 13. I hereby certify that the inform indicated on this report or

PRESIDENT