2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am DOCUMENT # P0000027774 Secretary of State US WAYS OF LIFE USA, INC. 05-02-2001 90049 035 ***150.00 Principal Place of Business Mailing Address 22068 LAS BRISAS CIRCLE 22068 LAS BRISAS CIRCLE BOCA RATON FL 33433 BOCA RATON FL 33433 . 960415 3. Mailing Address 2. Principal Place of Business 2000 NE 30 count 4465 NORTH DIXIE HWY Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1000 524 POINT FORT LAUDERDALE LIGHT HOUSE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired . A ی ن 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VINCENT PEVERAER CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Loco NE 30 COURT Zip Code 33064 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 2-26-d 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT K Change TITLE Delete EVERAERT VINCENT NAME NAME EVERAERT, VINCENT 2000 NE 30 COURT STREET ADDRESS STREET ADDRESS 2 RUE D' ALBANY B-1060 LIGHTHOUSE POINT 33064 CITY-ST-ZIP FLA CITY-ST-ZIP BRUSSELS, BELGIUM TITLE 🔀 Delete TITLE NAME DENDIEVAL, RICHARD STREET ADDRESS **AVENUE DES BAINS** STREET ADDRESS CITY-ST-ZIP 19 L-5610 MONDORF LUXEMBURG ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Deiete NAME NAME STREET ADDRESS STREET ADDRESS CITY - \$T - ZIP CITY-ST-ZIP ☐ Addition ☐ Delete THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2001