2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P0000040900 HALL ATLANTIC HOLDINGS, INC. 04-09-2001 90030 012 ***150.00 Principal Place of Business Mailing Address 7841 N.W. 54TH COURT 7841 N.W. 54TH COURT LAUDERHILL FL 33351 LAUDERHILL FL 33351 3. Mailing Address 2. Principal Place of Business 7748 West Commarcial Blud 748 West Commercial Blud DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1006403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Broward Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALL WILLIE EARL Street Address (P.O. Box Number is Not Acceptable) 633 S. FEDERAL HIGHWAY FT. LAUDERDALE FL 33301 Zip Code 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITI F ☐ Delete TITLE NAME HALL, WILLIE EARL NAME STREET ADDRESS 7841 N.W. 54TH COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAUDERHILL FL 33351 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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.

SIGNATURE

COMMITTEE AND TYPE OF DEPOTET NAME OF SIGNING OFFICER OF DISK

4/5/0/ (954) 746-9555 Dayume Phone #