2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 29, 2001 8:00 am Secretary of State DOCUMENT # P00000045713 1. Entity Name 05-05-2001 90822 010 ***150.00 CBI FLORIDA ACQUISITION, INC. Principal Place of Business Mailing Address 3 SW 129 TH AVE 3 SW 129 TH AVE PEMBROKE PINES FL 33021 PEMBROKE PINES FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 Zip Code Clty 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 SIGNATURE (NOTE: / adistered Apent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (10/00) ☐ Chance ☐ Delete TITLE TITLE ROWLAND SCHAEFER NAME NAME STREET ADDRESS 3 SW 129 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP REMBROKE PINES, Change Addition ☐ Delete DD F TITLE IRA KAPLAN NAME NAME 3 SW 129 AVENUE STREET ADDRESS STREET ADDRESS PEM BROKE PINES CITY-ST-ZIP CITY-S1-ZIP Addition un F بالعلامات 🖂 TITLE NORMA RUIZ NAME NAME STREET ADDRESS 3 SW 129 NVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RETIBROKE PINES Change Change Addition ☐ Delete TITLE TITLE HAROLD BERKITT NAME NAME 1221 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 VP . 🦳 Change **Addition** TITLE ☐ Delete TITLE KATHLEEN ROSSI 3 SW 129 AVENUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33027 TITLE Delete TITLE ☐ Change **Addition** NOWLAND SCHAEFER STREET ADDRESS STREET ADDRESS 3 SW 129 AVENUE CITY-ST-21P CITY-ST-ZIP PEMBROKE PINES FL 33027 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.

KATHLEEN LOSY

FILED