2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAM

Jun 19, 2001 8:00 am Secretary of State DOCUMENT # P0000045856 05-19-2001 90283 012 ***150.00 BERNARD KAYE DESIGNS, INC. Principal Place of Business Mailing Address 8670 SW 58TH ST. 8670 SW 58TH ST. COOPER CITY FL 33328 COOPER CITY FL 33328 Principal Place of Business 3. Mailing Address 6705W5 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE" City & State City & State 4. FEI Number Applied For OOPETR Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVINE & SEGAUL, P.A. Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DRIVE SUITE A-106 The state of the s FORT LAUDERDALE FL 33351 Zip Code FL 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 algosture required when reinstating) 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. TIME ☐ Delete TITLE ☐ Change KASZOVITZ, BERNARD NAME NAME STREET ADDRESS 8670 SW 58TH ST. STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33328 CITY+ST-ZIP TITLE Delete -TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE Delete MIF ☐ Change ☐ Addition NAME BEARAT STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 507, 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.

FILED