2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P0000051429 1. Entity Name SK 2000 INVESTMENTS, INC. 05-02-2001 90185 026 ***150.00 Mailing Address Principal Place of Business C/O ESKO PROPERTIES. INC. C/O ESKO PROPERTIES, INC. 305 ROYAL POINCIANA PLAZA 305 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 340 RDYAL POINCIANA WAY 340 ROYAL POINCIANA WAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SLITE 305 SWITE 305 Applied For 4. FEI Number City & State City & State 52-2241293 Not Applicable PALM BEACH PAUN BEACH \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3480 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOHL, SIDNEY A Street Address (P.O. Box Number is Not Acceptable) C/O ESKO PROPERTIES, INC. 305 ROYAL POINCIANA PLAZA SLITE 205 PALM BEACH FL 33480 City PALM BEACH 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 SIDNEY KOHL SIGNATURE stered agent and title if applicable. (NOTE: Registered Agent signature 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 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 12. 11. OFFICERS AND DIRECTORS R2E034 (10/00) Change ☐ Addition n ☐ Delete TITLE TITLE KOHL, SIDNEY A NAME NAME 340 ROYAL POINCIANA WAY, SHITE 305 STREET ADDRESS 305 ROYAL POINCIANA PLAZA STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

BOTTL SIGNIC OFFICE OF DIRECTOR