2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # P0000055729 STRAUCH INTERNATIONAL CORPORATION 03-06-2001 90341 038 ***150.00 Principal Place of Business Mailing Address 9900 STIRLING ROAD 9900 STIRLING ROAD 1 6 6 6 6 9 1 COOPER CITY FL 33024 COOPER CITY FL 33024 2. Principal Place of Business 3. Mäiling Address 962 Junflower Circle 862 Sunflower Circle Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 33327 Westan Not Applicable Weston \$8.75 Additional 5. Certificate of Status Desired 3323 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARIAS TOVAR, ILEANA ESQ. Street Address (P.O. Box Number is Not Acceptable) 9900 STIRLING ROAD **SUITE 218** COOPER CITY FL 33024 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PTD ☐ Delete TITLE TITLE ☐ Change ☐ Addition STRAUCH, ROBERTO J NAME NAME STREET ADDRESS STREET ADDRESS 9900 STIRLING ROAD SUITE 218 CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33024 ☐ Change Addition TITLE Delete TITLE Ruberts Strauch 862 Sunflower circle ARIAS TOVAR, ILEANA NAME NAME STREET ADDRESS 9900 STIRLING ROAD SUITE 218 STREET ADDRESS Weston, F1 33327 CITY-ST-7IP CITY-ST-ZIP COOPER CITY FL 33024 ___Change TITLE TITLE Addition .. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

53-01-2001