2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P0000065340 1. Entity Name D.E.K. INVESTMENTS, INC. 05-03-2001 90952 006 ***150.00 Principal Place of Business Mailing Address C/O GOLDEN REALTY 3025 AVENTURA BLVD C/O GOLDEN REALTY 3025 AVENTURA BLVD AVENTURA FL 33180 AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For_ 4. FEI Number Not Applicable -Gountry 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 Name GOLDEN, KENNETH Street Address (P.O. Box Number is Not Acceptable) C/O GOLDEN REALTY 3025 AVENTURA BLVD **AVENTURA FL 33180** 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. SIGNATURE Signature, typed or printed name of registered 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE GOLDEN, KENNETH NAME NAME STREET ADDRESS C/O GOLDEN REALTY 3025 AVENTURA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL 33180 ☐ Delete Change Addition TITLE TITLE GOLDEN, DEBORAH NAME NAME STREET ADDRESS C/O GOLDEN REALTY 3025 AVENTURA BLVD STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete SCHULTZ, EVAN NAME NAME STREET ADDRESS 5830 HILL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **POWDER SPRINGS GA 30127** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-7IP TITLE ☐ Delete TITL E Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/00)