2001 UNIFORM BUSINESS REPORT (UBR)

May 10, 2001 8:00 am Secretary of State DOCUMENT # P0000066156 1. Entity Name PAKEVAJON INVESTMENTS, INC. 05-10-2001 90107 040 ***158.75 -Principal Place of Business Mailing Address 1761 S.W. 85TH AVENUE 1761 S.W. 85TH AVENUE MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 5-1026419 Not Applicable Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARD, VAN L Street Address (P.O. Box Number is Not Acceptable) 1761 S.W. 85TH AVENUE MIRAMAR FL 33025 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible -FILE NOW!!! FEE.IS \$150.00 - .- - -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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME WARD, VAN L NAME STREET ADDRESS STREET ADDRESS 1761 S.W. 85TH AVENUE CITY-ST-ZIF CITY-ST-ZIP MIRAMAR FL 33025 TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME WARD, KEONA STREET ADDRESS STREET ADDRESS 1761 S.W. 85TH AVENUE CITY-ST-ZIP CITY-ST-7IP MIRAMAR FL 33025 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

April 25, 2001 (954)

☐ Change

☐ Addition