2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000069251 BYERS ENTERPRISE, INC. 04-27-2001 90273 039 ***150.00 Principal Place of Business Mailing Address 8221 SAN CARLOS CIRCLE 8221 SAN CARLOS CIRCLE TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address 8651 NW 47th 8651 NW Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For Laudechill 1025839 -auderhill Not Applicable 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 Name WALTZER, CRAIG A Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BOULEVARD **SUITE 408-80 AVENTURA FL 33180** Zio 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Byers, Andrew M. BYERS, ANDREW MICHAEL NAME 8651 NW 47+4 STREET ADDRESS 8221 SAN CARLOS CIRCLE STREET ADDRESS CHY-ST-ZIP TAMARAC FL 33321 CITY-ST-7IP Laudedill FL. ST TITLE ☐ Delete TITLE Addition Byers, Adriana J. 8651 NW 47th St. BYERS, ADRIANA JOAN NAME 8221 SAN CARLOS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP Fl. 33351 auderhill TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ 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 TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP 13. Thereby 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.

drew Byers 2/10/01