FILED RM\_BUSINESS REPORT (UBR) Aug 17, 2001 8:00 am DOCUMENT # Secretary of State 1. Entity Name Career Bureau, Inc. 08-17-2001 90006 034 \*\*\*550.00 \_. Mailing Address Principal Place of Business 8025 S.US HWY 1 8025 S.US HWY 1 P.S.L., FL 34952 P.S.L., FL 34952 80062367 3. Mailing Address 8035 S. u.S. HWY/ 2. Principal Place of Business 按8025 S. US HWY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State , FL 4. FEI Number Applied For as.c. 65-1036434 Not Applicable Country しらか \$8.75 Additional 5. Certificate of Status Desired 34952 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert Brody, P.A. ptable) 1601 FORUM PLACE (S-304) W.P.B., FL 33401 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 9. This corporation is eligible to satisfy its Intangible --FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT / TRES. TITI F CR2E034 (5/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME CYNTHIA C. Alpxander NAME STREET ADDRESS JBB4 SE PARE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PSC, EC 34984 TITLE U.A. & SEZ TITLE ☐ Defete ☐ Change ☐ Addition Howard Say Alexandr 2884 SE PARE DR PSL, FL 34984 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME 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 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. 8/7/01 56-871-0077 SIGNATURE: