FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 29, 2001 8:00 am DOCUMENT # P0000076487 **Secretary of State** 1. Entity Name 03-02-2001 90106 027 ***150.00 N.E.U. DZIGN, INC. Principal Place of Business Mailing Address 5001 FOXFIRE LANE 5001 FOXFIRE LANE LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Late May F2 32796 5001 FOYFIRE UN Suite, Apt. #, etc. Suito, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 593 669434 LAKO MARY in Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 62746 Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, URSULA H Street Address (P.O. Box Number is Not Acceptable) 224 DILLON CIRCLE ORLANDO FL 32807 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 or around name of registered agont and tide 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 illing 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 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition CR2E034 (10/00) TITLE Delete TITLE MICHIELSENS, ELSIE NAME NAME STREET ADDRESS STREET ADDRESS **5001 FOXFIRE LANE** CITY-ST-ZIP LAKE MARY FL 32746 Delate Change Addition: TITLE THILE NAME alvarez, ursula m NAME STREET ADDRESS STREET ADDRESS 224 DILLON CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 Delete TITLE [] Change ☐ Addition IIILĖ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete TITLE 🔲 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delate TITLE □ Addition NAME NAME STHEET 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

3/2/(

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 eath; that I am an officer or director of the corporation of 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.

407 924 1189 SIGNATURE: