^2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000086752 Apr 23, 2001 8:00 am Secretary of State ASSET INVESTMENT HOLDING CORPORATION INC. 04-23-2001 90095 027 ***150.00 Principal Place of Business Mailing Address 2800 E. COMMERCIAL BLVD., #208 2800 E. COMMERCIAL BLVD., #208 FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 10054424 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 Not Applicable Zip Country 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 KATZ, PA, ALLEN H Street Address (P.O. Box Number is Not Acceptable) 2800 E. COMMERCIAL BLVD... #208 FT. LAUDERDALE FL 33308 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change 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 TITLE Delete TITLE Change ☐ Addition NAME NAME

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 trusted 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.

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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SIGNATURE OF TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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4- 12-0/ Date Daytime Phone #

☐ Change

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Addition

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