2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2001 8:00 am Secretary of State DOCUMENT # P00000102036 05-21-2001 90345 016 ***150.00 CLS INVESTMENTS AND HOLDINGS, INC. Principal Place of Business Mailing Address 1800 MIAMI ROAD, UNIT 2 1800 MIAMI ROAD, UNIT 2 658985 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3. Mailing Address 2. Principal Place of Business 941 NE 19th VENUE PO BOX 460693 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number tt. Lauderdale Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASH, CHRISTOPHER B Street Address (P.O. Box Number is Not Acceptable) 941 NE 19 m AVEnue Suite 213 1800 MIAMI ROAD, UNIT 2 FT. LAUDERDALE FL 33316 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subm SIGNATURE nted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PS TITLE □ Delete cash, CHRISTOPHER B NAME CASH, CHRISTOPHER B 213-941 NE 19Th AVENUE STREET ADDRESS STREET ADDRESS 1800 MIAMI ROAD, UNIT 2 FT. Lauderdale Florida *3*33*04* CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33316 Addition STEIN LARRY 213-941 NE 10-☐ Delete TITLE vptd TITLE NAME - 941 NE 19TH AVENUE STEIN, LARRY P NAME STREET ADDRESS STREET ADDRESS 1800 MIAMI ROAD, UNIT 2 FT. LAUDERDALE CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 appears in Block 11 or Block 12 if with all other like empowered changed, or on an attachm

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OF

CR2E034 (10/00)