2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 23, 2001 8:00 am Secretary of State **DOCUMENT # P00000104813** 05-23-2001 90469 001 ***150.00 DYNASTY ARCHITECTURAL METALS & GLASS INC 05-23-2001 90469 002 ***400.00 Principal Place of Business Mailing Address 2319 N ANDREWS AVENUE 2319 N ANDREWS AVENUE 73420 FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1053615 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROYALE MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2319 N ANDREWS AVENUE FORT LAUDERDALE FL 33311 Zip Code City FL 8. The above ramed entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTI Reg stered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW! I FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 20 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payat e to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Change ☐ Addition TITLE PD ☐ Delete TITLE NAME HAND, BRIAN V STREET ADDRESS STREET ADDRESS 600 N BIRCH ROAD #701 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33305 ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ 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 ry 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 is 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.

FILED