2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P00000106928 TYG CORP. 04-24-2001 90328 047 ***158.75 Principal Place of Business Mailing Address 5760 S.W. 40TH AVE. 5760 S.W. 40TH AVE. FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1068815 Not Applicable Zip 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 SUZANNE BARNETT GUSTAFSON, MELODY Street Address (P.O. Box Number is Not Acceptable) 1201 5. OCCAN Drive # 4/1 Sout 5760 S.W. 40TH AVE. FT. LAUDERDALE FL 33314 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. 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PRESIDENT ☐ Delete TITE F ☐ Change Addition MARTIN K GUSTAFSON NAME NAME STREET ADDRESS STREET ADDRESS 71 LAUD, 71, 33314 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT TITLE ☐ Delete TITLE ☐ Change Addition MELODY SUE GUSTAFSON NAME NAME 5760 SW 40 AUE Ft. LAUD. 71. 33314 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Sec / Treasurer TITLE ☐ Change Addition NAME Suzanne BAINETT. 1281 OCEAN Drive #411 So. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, The 33019 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 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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.