FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 08, 2002 8:00 am Secretary of State P00000110504 DOCUMENT # 1. Entity Name KATTAN - HENRY, INC. 05-08-2002 90041 010 ***150.00 Principal Place of Business Mailing Address 7249 NW 367H COURT 7249 NW_36TH COURT TALTOUR MHAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address 7621 N.W. 37K Aw. Saw Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MIAMI City & State City & State 4. FEI Number Applied For 65-1059554 FLA. Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KATTAN, ABRAHAM KATTAN, ABRAHAM Street Address (P.O. Box Number is Not Acceptable) 7249 NW 36TH COURT **MIAMI FL 33147** 7621 N.W. 37th Avehis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4-19-02 SIGNATURE Signature, typed or printe and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE 7621 N.W.377 Ave. MIAMI, Fla 33147 KATTAN, ABRAHAM NAME ~7249 NW 36TH COURT~ STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME HENRY, RICHARD NAME 7621 N.W. 37th Ace. MIAMI F. B. 33147 STREET ADDRESS 7249 NW 36TH COURT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 triat 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINT

D NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 305-696-2800

Date Daytime Phone #