2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000114358 SPEEDGEARS INC. 05-14-2001 90257 014 ***150.00 Principal Place of Business Mailing Address 2211 SW 31 AVENUE 2211 SW 31 AVENUE HALLANDALE FL 33009 HALLANDALE FL 33009 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 65-1062643 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 FLAMM, BRUCE CPA Street Address (P.O. Box Number is Not Acceptable) 9400 S DADELAND BLVD SUITE 110 **MIAMI FL 33156** City Zip Code 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) DATE 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 Delete ☐ Change Addition TITLE TITLE NAME NAME TAN. STEFANUS R STREET ADDRESS STREET ADDRESS 2211 SW 31 AVENUE CITY-ST-7IP CITY-ST-78 HALLANDALE FL 33009 TITLE ۷D ☐ Delete TITLE ☐ Change Addition NAME WEISSMARK, BENJAMIN NAME STREET ADDRESS STREET ADDRESS 2620 SO UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ~ - Delete Addition TITLE _ _ Change TAN. CHRISTINA J NAME NAME STREET ADDRESS STREET ADDRESS **424 POINCIANA DR** CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33309 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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-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.

SIGNATURE:

STEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01 Date

(954) 986 -9869