2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P00000116192 SCHAEFER INDUSTRIAL & MANUFACTURING GROUP, INC. 04-27-2001 90329 036 ***150.00 Principal Place of Business Mailing Address 978 ENGLISH TOWN LANE #314 978 ENGLISH TOWN LANE #314 WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAGHERZADEH, AHMAD Street Address (P.O. Box Number is Not Acceptable) 978 ENGLISH TOWN LANE #314 WINTER SPRINGS FL 32708 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 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, 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PIS Delete THIE BAGHERZADEH, AHMED NAME **BA**GHERZADEH AHMAD R. 978 ENGLISH TOWN LANE #314 STREET ADDRESS STREET ADDRESS 2126 ARUNWOOD CK 32765 CITY-ST-ZIF CITY-ST-ZiP WINTER SPRINGS FL 32708 CEO THILE ☐ Delete TITLE Change BAGHERZADEH AHMAO OF NAME STREET ADDRESS STREET ADDRESS 978 ENGLISH TOWN LN. 4314 CITY-ST-ZIP CITY-ST-7IP WINTER SPRINES, TE 32708 TITLE ☐ Delete TITLE X Addition NAME BAGHERZADEH AMIN STREET ADORESS STREET ADDRESS AM HOHEN RHEIN IC CITY-ST-ZIP CITY-ST-ZIP 56566 MARINON NEUWIED. TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZLP 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.

4/15/01 (407)493-6122