2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # P00000116743 05-15-2001 90144 018 ***150.00 **AFC-AIS HOLDING CORPORATION** Principal Place of Business Mailing Address 2699 Stiring RD. Ste A-200 Ft Lauderdale FL 33312 2699 STIRING RD. STE A-200 FT LAUDERDALE FL 33312 00065583 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 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Abraham, Ronald H. BASEMAN, ALAN H Street Address (P.O. Box Number is Not Acceptable) 350 E LAS OLAS BLVD, STE 1700 FT LAUDERDALE FL 33301 2699 Stirling Road, Ste A-200 City Fort Lauderdale Zip Code 33312 8. The above named entit e purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 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 Aftor MAY 1, 2001-Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change Addition NAME ABRAHAM, RONALD H STREET ADDRESS STREET ADDRESS 2699 STIRING RD, STE A-200 CiTY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME WEISS, MARC H STREET ADORESS STREET ADDRESS 2699 STIRING RD, STE A-200 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE NAME NAME FRAIDSTERN, STEVEN STREET ADDRESS STREET ADDRESS 2699 STIRING RD, STE A-200 CITY-ST-ZIP CETY-ST-7IP FT LAUDERDALE FL 33312 TITLE Delete TITLE Change Addition | NAME NAME VLADEM PAUL STREET ADDRESS STREET ADDRESS 2699 STIRING RD, STE A-200 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP nn e ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-ST-ZIF CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Rorida Statutes. I further certify that the information indicated on this report or supplemental report is subject 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 of frustee empoweres 10 executes 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 ke empowered. Ronald H. Abraham 4/9/01 954-983-5000 SIGNATURE:

FILED