2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 31, 2002 8:00 am Secretary of State P01000007607 DOCUMENT # 1. Entity Name 02-19-2002 90071 027 ***150 00 A.C. FLAGMAN, INC. Principal Place of Business Mailing Address 1819 SW 29 STREET 1819 SW 29 STREET FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 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 4. FEI Number 65-10 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHIOTIS, ANDREW Street Address (P.O. Box Number is Not Acceptable) 1819 SW 29 STREET FT. LAUDERDALE FL 33315 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 trile if applicable, DATE (NOTE: Registered Agent signature required when reinstating) 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, 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 ☐ Addltion CR2E034 (9/01 TITLE ☐ Delete TITLE ☐ Change BRESIDENT NAME NAME ANDREW CHIOTIS STREET ADDRESS STREET ADDRESS 9 SW 29 ST CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition Delete NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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). 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.

FILED