200# UNIFORM BUSINESS REPORT (UBR) **FILED** May 30, 2002 8:00 am Secretary of State DOCUMENT # P 0 10000 26461 KOCHEN ENTERPRISES, INC 05-30-2002 91602 019 ***150.00 Principal Place of Business Mailing Address 8300 ULMERTON RD 8300 ULMERTON RD SUITE # 110 SUITE # 110 LARGO FL 33771 LARGO FL 33771 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 59-33439/2 Not Applicable Zip Country Zip 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 KOCHEN, PETER F Street Address (P.O. Box Number is Not Acceptable) 8300 ULMERTON RD SUITE #110 City Zip Code LARGO FL 3377/ 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. 5/23/02 SIGNATURE PETER F. KOCHEN (NOTE: Registered Agent signature required when reinstating) 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 Delete TITLE Change Addition NAME KOCHEN, PETER F STREET ADDRESS STREET ADDRESS 8300 ULMERTON RD #110 LANGO FI CITY-ST-ZIP CITY+ST-ZIP TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-ZIF CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TIFLE ☐ Delete TITLE Change Addition NAME NAME CTREET ADDRESS STREET ADDRESS ST-ZIP CITY-S1-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 supplymental popular 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 Kustev 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 appears, with all other like empowered. other like empowered.

SIGNATURE:

5/23/02