FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \

Mar 06, 2002 8:00 am **DOCUMENT #** P01000071341 Secretary of State 1. Entity Name 03-06-2002 90043 012 ***150.00 NARDOLILLO ENTERPRISES, INC. Principal Place of Business Mailing Address C/O FRANK, WEINBERG, ET. AL. CTO FRANK, WEINBERG, ET/AL. 7805 SW SIXTH COURT 7805 SW SIXTH COURT PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address 99611 OVESC Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE FEI Number Applied For City & State 6-0 01092010 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINBERG, STEVEN A Box Number is Not Acceptable 7805 S.W. 6TH COURT PLANTATION FL 33324 AVERNICE 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) ☐ Addition TITLE Delete TITLE Change NAME NARDOLILLO, RICHARD NAME STREET ADDRESS C/O 7805 SW SIXTH COURT STREET ADDRESS CITY-ST-ZIP PLANTATION FL-33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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