FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071825

1. Entity Name

FYNEX, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
619 South 21st Avenue Suite, Apt. #, etc.	619 S. 21st Avenue Suite, Apt. #, etc.	
City & State: Hollywood, Fl Zip: 33020 Country: USA	City & State: Hollywood, Fl Zip: 33020 Country: USA	4. FEI Number: 65-1123347 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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, Type or Printed Name of Registered Agent and Title if applicable) (If FEI, Registered Agent's Signature Required/Must Be Dated) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, President, Secretary Treasurer, Director Andrew Lovett 619 S. 21 Ave.,Hollywood, Fl 33020	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director Louis Vigna 619 S.21 Ave.,Hollywood, Fl 33020	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700004793107--9
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Director H. Ed Smith 5891 S. Military Trail #5A Lake Worth,Fl 33463	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Andrew Lovett 1/22/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Andrew Lovett

SR2E034B (12/01)

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 029985 7229347

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : January 23, 2002

ORDER TIME : 3:04 PM

ORDER NO. : 029985-020

CUSTOMER NO: 7229347

CUSTOMER: Maria Etienne, Legal Asst
Kilpatrick Stockton Llp
Suite 2000
200 South Biscayne Boulevard
Miami, FL 33131

ANNUAL REPORT FILING

NAME: FYNEX, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____

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02 JAN 23 PM 4:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA