FILED Jun 16, 2002 8:00 am Secretary of State

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DOCUM	ENT#	PO:	1000087	334	

P01000087334 1. Entity Name R.U.S.H. INTERNATIONAL USA, INC. Principal Place of Business Mailing Address 12714 NW 18TH CT 12714 NW 18TH CT CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address P. O. Box 8845 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-1139915 City & State Applied For Coral Springs Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33075 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JEFFREY KANTOR FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 DELRAY BCH. 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria bn back) \Box Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KANTOR, JEFFREY KANTOR JEFF 1024 42A1GA JEFFREY NAME NAME STREET ADDRESS 12714 NW 18TH CT STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-7IP DEIRAY BCH. 3748) TITLE Delete TITLE ☐ Change ☐ Addition NAME KANTOR, SCOTT NAME 12714 NW 18TH CT CORAL SPRINGS FL 33071 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE

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 eath; 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 on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-71P

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADORESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TRE REQUIRED

Delete

☐ Delete

954.426.8030

☐ Chance

Change

☐ Addition

Addition

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