2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT**

Jul 14, 2003 8:00 am 5/5/2 **Secrétary of State** 5/5/2 P02000027339 5/5/2 DOCUMENT # 05-05-2003 92133 001 ***150.00 1. Entity Name 05-05-2003 92133 002 *****8.75 V & L BEST SERVICES, INC. 05-05-2003 92133 003 *****5.00 Principal Place of Business Mailing Address 55051165 581 GETTYSBURG TERRACE 581 GETTYSBURG TERRACE PLANTATION FL 33325 PLANTATION FL 33325 2. Principal Place of Business 581 DETTYS 3. Mailing Address TELLACE GETTYSBURG TERRA 581 65HUSBURG Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 03-0407077 NO TRATIONS FL COTPATION Not Applicable Country U.S.A Country \$8.75 Additional 33325 15-4 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUBGET-A-GIQ SERRONE, ROBERT A ESQ Street Address (P.O. Box Number is Not Acceptable) HACKLEY & SERRONE PA 2200 NORTH COMMERCE PARKWAY SUITE 208 NORTH Commerce WESTON FL 33326 City Weston 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITI F CR2E034 (10/02) ☐ Change ☐ Addition ☐ Delete 6 log a Eisenberg NAME NAME 581.6errysburg Terroce STREET ADDRESS STREET ADDRESS PLONHAHON <u>3</u>3394 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition tha Rongal NAME NAME 581 Bertysburb Tecroce STREET ADDRESS STREET ADDRESS 333*&*-r CITY-ST-ZIP ROMANON CITY-51-ZIP IMF TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: