2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED **DOCUMENT # P03840** May 08, 2000 8:00 am Secretary of State 1. Entity Name NEHOLD, INC. 05-08-2000 90055 045 ***150.00 Principal Place of Business Mailing Address 124 EAST COLONIAL DR. 124 EAST COLONIAL DR. ORLANDO FL 32801-1200 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-2655705 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KANTOR, HAL H., ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 215 N. EOLA DRIVE ORLANDO FL 32802 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. 11. ☐ Addition ☐ Change TITLE TITLE Delete MAYER, RINA NAME NAME STREET ADDRESS STREET ADDRESS 21 RUE MONT BLANC CITY-ST-ZIP CITY-ST-ZIP 1201 GENEVA SW Addition Change ☐ Delete TITLE TITLE LEITERSDORF, JONATHAN NAME NAME STREET ADDRESS STREET ADDRESS 80 FIFTH AVE - 18TH FL CITY-ST-ZIP CITY-ST-7IP NEW-YORK NY ☐ Delete TITLE n. -TITLE AVNAT, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 21 RUE DU MONT BLANC CITY-ST-ZIP CITY-ST-7IP 1201 GENEVA SW DVST ☐ Delete TITI F VST * Change Addition TITLE ELGAR, SHNEUR NAME NAME Elgar, Shneur STREET ADDRESS STREET ADDRESS 124 E. COLONIAL DRIVE 124 E. Colonial Drive CITY-ST-ZIP CITY-ST-7IP ORLANDO FL Orlando, FL. 32801 Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS 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 Block 12 if