2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED DOCUMENT # P92000010380 Apr 12, 2000 8:00 am Secretary of State VALUE HOLDINGS, INC. 04-12-2000 90030 018 ***150.00 Principal Place of Business Mailing Address 2307 DOUGLAS RD 2307 DOUGLAS RD STE. 400 STE 400 MIAMI FL 33145-3057 **MIAMI FL 33145** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2388728 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALISON ROSENBERG ROSENBERG, ALISON Street Address (P.O. Box Number is Not Acceptable) 3241 PONCE DE LEON BLVD SUITE 218 CORAL GABLES EL 33134 Zip Code 33/4/5 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, 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE COHEN, ALISON NAME NAME 6272 SOUTH DIXIE HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition □ Change ☐ Delete TITLE **BIALYS. GENE** NAME STREET ADDRESS STREET ADDRESS 6272 SOUTH DIXIE HWY. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition CFO ☐ Delete TITLE OVIES, IDA NAME STREET ADDRESS 6272 SOUTH DIXIE HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME KURTZ, JEFFERY NAME STREET ADDRESS 10 DIRECTOR CT STREET ADDRESS CITY-ST-ZIP CITY-ST-78 VAUGHAN ON ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #