2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED DOCUMENT # P93000005725 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name PEARLS POWER SPRAY, INC. 04-10-2000 90170 001 ***150.00 Principal Place of Business 10350 N.W. 55th Street 1947 SW 177TH AVE Sunrise, Florida 33351 MIRAMAR FL 33029 Phone: 748-6813 Beeper: 896-1711 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 65-0369526 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEARL, STEVEN Street Acc 1947 SW 177TH AVE 10350 N.W. 55th Street MIRAMAR FL 33024 Sunrise, Florida 33351 Zip Code Phone: 748-6813 Beeper: 896-1711 8. The above named entity submits this statement for the purpose of changing its registered office or ed agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete T!TLE TITLE PEARL, STEVEN NAME 10350 N.W. 55th Street STREET ADDRESS STREET ADDRESS 1947 SW 177TH AVE Sunrise, Florida 33351 CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL Phone: 748-6813 ☐ Change ☐ Addition TITLE ☐ Delete TITLE Beeper: 896-1711 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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