2001 UNIFORM BUSINESS REPORT (ÚBR)

Feb 28, 2001 8:00 am DOCUMENT # P93000041768 **Secretary of State** CAPITAL INDUSTRIES ASSOCIATES, INC. 02-28-2001 90032 004 ***150.00 Principal Place of Business Mailing Address 3249 NW 38TH STREET 3249 NW 38TH STREET MAMI FL 33142 MIAMI FL 33142 *CD025247* US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied För 65-0450546 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - - 6. Name and Address of Current Registered Agent -7... Name and Address of New Registered Agent SAIFMAN, NEIL Street Address (P.O. Box Number is Not Acceptable) 3249 NW 38TH STREET MIAMI FL 33142 City 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 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, 2001-Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSID CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition SAIFMAN, SANDRA NAME NAME 3249 NW 38 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33142** CiTY-ST-ZIP CITY-ST-7P **VPDS** TITLE ☐ Change ☐ Addition TITLE Delete SAIFMAN, NEIL NAME NAME 3249 NW 38-ST STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE DVP Change SAIFMAN, DONALD NAME NAME SAIFMAN, RONALD STREET ADDRESS 3249 NW 38 ST STREET ADDRESS 3249 N.W 38 ST MIAMI FL 33142 CITY-ST-ZIP CITY-ST-ZIP MTAMT, FL 33142 TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition TITLE ☐ Delete ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 structure 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 changed, or on an attachment with any acturess, with all other like empowered. Neil A Saifman - VP 01/23/01 305-637-9883 SIGNATURE:

FILED