FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State P93000053230 DOCUMENT # 1. Entity Name 04-22-2002 90221 001 ***150 WINGFALL ENTERPRISES, INC. Principal Place of Business Mailing Address 4001 S OCEAN DR 4001 S OCEAN DR #5-D #5-D HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 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 For 65-0429242 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 NW 16TH ST FT LAUDERDALE FL 33311 City Zip Code FL 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, typed or printed name of registered agent and title if applicable MOTE: Registered Agent signature required when re stating) 9. This corpc ation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550:00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME WIEGENFELD, ISRAEL NAME STREET ADDRESS 4001 S OCEAN DR #5-D STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33019 CITY-ST-ZIP TITLE ٧D Delete ☐ Change ☐ Addition NAME FALL. DAVID-1 NAME STREET ADDRESS 4001 S-CEAN DR #5-D STREET ADDRESS HOLEYWOOD FL 33019 CITY-ST-ZIP CITY-ST-ZIP WELFALLO Delete TITLE HRTHAR Change ☐ Addition NAME NAME APT. tog ISB ldo west STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition FALL, DAVID TOR #50 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWDD F133019 CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.