FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am DOCUMENT # P93 0000 54432 Secretary of State 1. Entity Name BRET, INC. 05-23-2001 90199 019 ***150.00 Principal Place of Business Mailing Address C0069732 DO NOT WRITE IN THIS SPACE Applied For SIMMEE 65-0029 Not Applicable 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 GERALD J. ADAM. 113 N. FEDERAL HWY. Street Address (P.O. Box Number is Not Acceptable) DANIA BEACH, Fl. 33004 City Zip Code FI 8. The above riamed 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) DATE FILE NOW!!! FEE 18:\$150:00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition IP D. GALLO NAME NAME STREET ADDRESS SCOTT BUND STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE Delete TITLE GERALD ADAMS 113N. FEDERAL HIGHWAY ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE . Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition 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 presence of trustey impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an addition, with all other like empowered. SIGNATURE: