2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000054968** Apr 10, 2000 8:00 am Secretary of State DISCOUNT FIREWORKS, INC. 04-10-2000 90104 021 ***150.00 Mailing Address Principal Place of Business 7405 SW 127TH STREET 7405 SW 127TH STREET MIAMI FL 33156-5337 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-043 1950 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINKLER, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 7405 S.W. 127TH STREET 14TH FLOOR **MIAMI FL 33156** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered 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. TITLE Addition ☐ Delete TITLE WINKLER, WILLIAM A NAME NAME 7405 SW 127TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WINKLER, JUNE NAME STREET ADDRESS STREET ADDRESS 7405 S.W. 127TH ST. CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE WINKLER, KEVIN NAME STREET ADDRESS STREET ADDRESS 7405 SW 127 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE WINKLER, WILLIAM NAME NAME STREET ADDRESS 7405 SW 127 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE ☐ Change ■ Addition 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-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 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.

SIGNATURE:

SENTINE AND EVER DE BRINTED NAME OF SIGNING DEFICER OF DIRECTOR

1/3/00

305.256-1012

Daytime Phone #