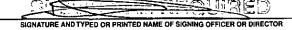
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000061347 Feb 10, 2000 8:00 am Secretary of State SUFRIL HOLDING COMPANY, INC. 02-10-2000 90053 028 ***150.00 Principal Place of Business Mailing Address C/O RICHARDS, WITT, AND CHARLES 701 US HWY ONE 100 RING RD WEST, SUITE 108 STE 402 N PALM BEACH FL 33408 **GARDEN CITY NY 11530-3205** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0441811 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, LAWRENCE W Street Address (P.O. Box Number is Not Acceptable) 701 US HWY ONE STE 402 N PALM BEACH FL 33408 City 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. DATE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change PD TITLE Delete TITLE NAME ROSATTI, JOHN NAME STREET ADDRESS STREET ADDRESS 701 US HWY ONE #402 CITY-ST-ZIP CITY-ST-ZIP N PALM BEACH FL 33408 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME SINGER, PAUL NAME STREET ADDRESS 701 US HWY ONE #402 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP N PALM BEACH FL 33408 ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

SIGNATURE:



11700

Daytime Phone #