FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am Secretary of State DOCUMENT # P93000083300 PRODUCT RESEARCH & DEVELOPMENT OF SOUTH FLORIDA. 04-22-2000 90026 034 ***150.00 Principal Place of Business Mailing Address 4401 NE 16TH TERRACE C: NE 16TH TERRACE FT. LAUDERDALE FL 33334-5512 T. LAUDERDALE FL 33334 A3043478 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0448087 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DILIONE, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 4401 NE 16TH TERRACE FT. LAUDERDALE FL 33334 Zip Code 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. (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 **\$5.00** May Be 10. Election Campaign Financing 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. ☐ Change ☐ Addition TITLE TITLE ☐ Delete DILIONE, ARTHUR NAME NAME STREET ADDRESS 4401 NE 16TH TERRACE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 CITY-ST-ZIP - Addition D'Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition

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

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ARTHURS DILLONE

☐ Delete

☐ Delete

Change

Addition

CR2E034 (9/99)