2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000087576 May 01, 2000 8:00 am Secretary of State G.E. SINGER COMPANIES, INC. 05-01-2000 90410 022 ***150.00 Mailing Address Principal Place of Business 2222 WILSON STREET 2222 WILSON STREET HOLLYWOOD FL 33020-2651 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 2109 N. 39th Avenue 5923 Ravenswood Road DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Building G Bay 15 Applied For City & State City & State 4. FEI Number 65-0458277 Florida Not Applicable Hollywood, Dania, Florida Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33312 USA 33021 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SINGER, GERALD Street-Address (P.O. Box Number is Not Acceptable) 2222 WILSON STREET HOLLYWOOD FL 33020 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$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, 2000 Fee will be \$550.00 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. T/S Change **Addition** TITLE P/vp Delete TITLE NAME SINGER, GERALD NAME Faguy, Donald STREET ADDRESS STREET ADDRESS 2222 WILSON STREET 4131 N 41 Ct. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Hollywood, FL 33021 X Delete Change Addition TITLE TITLE NAME FAGUY, DEBORAH NAME STREET ADDRESS STREET ADDRESS 4131 N 41 CT CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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 CITY-ST-ZIE ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR