2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P9400002903 ARCHITECTUAL ALUMINUM, INC. 01-31-2001 90021 050 ***150.00 Principal Place of Business Mailing Address 1407 FORSYTHE RD 1407 Forsythe RD WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0462941 Not Applicable Zip Country 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 Name DIAMOND, PERRY A JR Street Address (P.O. Box Number is Not Acceptable) 14765 PADDOCK DRIVE WEST PALM BEACH FL 33406 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. 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, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ٧D ☐ Change Addition ☐ Delete TITLE TITLE NAME DIAMOND, BLANCA A NAME STREET ADDRESS STREET ADDRESS 14765 PADDOCK DRIVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 Change ☐ Addition TITLE □ Delete TITLE NAME DIAMOND, PERRY A JR NAME STREET ADDRESS 14765 PADDOCK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33414 ☐ Delete TITLE Change ☐ Addition TITLE NAME DIAMOND, PERRY A SR NAME STREET ADDRESS 1921 CARANDIS ROAD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33406 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 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.