2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # **P94000030103** 1. Entity Name KIEFER INVESTMENTS, INC. 01-27-2000 90012 025 ***150.00 Mailing Address Principal Place of Business 2319 N ANDREWS AVE 2319 N ANDREWS AVE FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311-3924 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 65-0484120 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROYALE MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2319 N ANDREWS AVE FT LAUDERDALE FL 33311 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (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. 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 11. OFFICERS AND DIRECTORS DP ☐ Change Addition TITLE ☐ Delete KIEFER, GEORG NAME STREET ADDRESS STREET ADDRESS 3050 NE 47TH CT City-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 ☐ Addition ☐ Change ☐ Delete TITLE TITLE FUELLENBACH-KIEFER, CHRISTEL NAME NAME STREET ADDRESS STREET ADDRESS 3050 NE 47TH CT CITY_ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33308 Addition. - Change Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE. NAME NAME

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 recliver 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 attachmost my han address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

71/21/2000 954-3

714-351-003

☐ Change

☐ Change

Addition

Addition

(S/S) +CO37UO