2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF

SIGNATURE:

FILED Jan 27, 2001 8:00 am Secretary of State DOCUMENT # P94000040213 3651 N.W. 79 AVE. CORP. 01-27-2001 90073 007 ***150.00 Mailing Address Principal Place of Business 3651 NW 79 AVENUE 3651 NW 79 AVENUE MIAMI FL 33166 MIAMI FL 33166 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. # etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 65-0499994 City & State Not Applicable 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 Name B & C CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BOULEVARD **SUITE 3000 MIAMI FL 33131** 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 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE ZELCER, ISAAC NAME NAME 3651 N.W. 79 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33147** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE ZELCER, LEYA NAME NAME STREET ADDRESS 3651 N.W. 79 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trusted employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FEICER OR DIRECTOR