2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94/10091 FILED Jun 02, 2000 8:00 am unification concept investment, INC **Secretary of State** 06-02-2000 90017 026 ***158.75 Mailing Address 3011 NE 57th COURT Principal Place of Business 3011 NE 57th COURT FT LAUDERDALE FL 33308-2813 FT.LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANTZ JEFFREY W Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD. STE 408 NORTH MIAMI FL 33181 City Zip Code F١ 8. The above named entity submits this statement for the pu se 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 NOWIII 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. סוק ☐ Delete Change ☐ Addition GOUILON ERENE : JUJICE NAME NAME 3011 NE 57TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT.LAUDERDALE FL 33308 CITY-ST-ZIP TITLE ☐ Change TITLE ... Delete ☐ Addition DS NAME NAME SCHMIDT ELARD R STREET ADDRESS STREET ADDRESS 3011ANEESZTHECPURT33308 CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

TED NAME OF SIGNING OFFICER OR DIRECTOR

february 28, 2000

Daytime Phone #