2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P94000072247 PROGRESSIVE DESIGN & ENGINEERING, INC. 04-17-2001 90178 018 ***150.00 Principal Place of Business Mailing Address 21411 SAWMILL COURT 21411 SAWMILL COURT **BOCA RATON FL 33498 BOCA RATON FL 33498** 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. FEl Number 65-0523842 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 MAJDALAWI, KAREN Street Address (P.O. Box Number is Not Acceptable) 21411 SAWMILL COURT **BOCA RATON FL 33498** Zip Code City FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. VICE PRESIDENT (V) CR2E034 (10/00 **X** Addition TITLE PST ☐ Delete TITLE Change NAME MAJDALAWI, KAREN NAME RODOLFO HOYOS STREET ADDRESS STREET ADDRESS 21411 SAWMILL COURT 21411 SAWMILL CITY-ST-ZIP CITY-ST-ZIP 33498 **BOCA RATON FL 33498** BOCA RATION, FL Change TITE E ☐ Defete TITLE M/5 NAME WAGL MAJDALAWI STREET ADDRESS STREET ADDRESS 21411 SAWMILL CT CITY-ST-ZIP 33498 CITY-ST-ZIF RATON FL Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 eath; 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 wit Jike empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

4/11/200) (561)482-9393