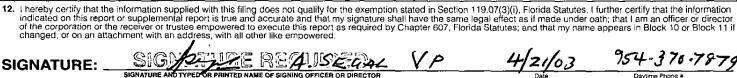
FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 24, 2003 8:00 am Secretary of State P94000081147 DOCUMENT # 04-24-2003 90218 028 ***150.00 1. Entity Name SEGAL, INC. Principal Place of Business Mailing Address 6825 SW 21ST CT 6825 SW 21ST CT UNIT 2 UNIT 2 DAVIE FL 33317 DAVIE FL 33317 IIS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0554161 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGAL, DEREK Street Address (P.O. Box Number is Not Acceptable) 6825 SW 21ST CT UNIT 2 DAVIE FL 33317 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIĞNATURE 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. Election Campaign Financing \$5.00 May Be Atter May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition SEGAL, DEREK NAME NAME STREET ADDRESS 6825 SW 21ST CT -UNIT 2 STREET ADDRESS **DAVIE FL 33317** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SEGAL, ARNOLD NAME STREET ADDRESS 6825 SW 21ST CT -UNIT 2 STREET ADDRESS CITY-ST-ZIP DAVIE FL 33317 CITY-ST-ZIP ☐ Addition TITLE Delete NAME SEGAL, MARK NAME 6825 SW 21ST CT -UNIT 2 STREET ADDRESS STREET ADDRESS DAVIE FL 33317 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐1 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:



CR2E034 (10/02)