2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000087524 May 18, 2000 8:00 am Secretary of State AFRYIM II, INC. 05-18-2000 90290 016 ***150.00 Principal Place of Business Mailing Address 555 S. FEDERAL HWY 555 S. FEDERAL HWY SUITE 350 SUITE 350 BOCA RATON FL 33433-3487 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Palmetto Park Rd 7251 W. Palmetto Park 7251 W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 201 Suite 201 4. FEI Number City & State City & State_ Applied For 65-0538333 Boca K<u>aton</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3.343 *3343*3 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Fredric NEWMAN, FREDRIC D Street Address (P.O. Box Number is Not Acceptable) 7251 W. Palmetto Jark 555 SOUTH FEDERAL HIGHWAY SUITE 350 **BOCA RATON FL 33432** mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE inted 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition | PST ☐ Delete TITLE NAME NEWMAN, FREDRIC D NAME Newman, 7251 W. Palmetto Park Rd, Ste. 201 STREET ADDRESS STREET ADDRESS 555 S. FEDERAL HWY., STE 350 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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

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 supplied 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 receive 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.

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

(561) 394-5100 Daytime Phone #

☐ Change

Addition