FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am DOCUMENT # P94000093351 **Secretary of State** 1. Entity Name FRW INC. 03-20-2001 90084 007 ***150.00 Principal Place of Business Mailing Address 801 S. FEDERAL HIGHWAY 801 S. FEDERAL HIGHWAY **UNIT 410 UNIT 410** DOOMIDIO POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0547605 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WIENER, FAYE Street Address (P.O. Box Number is Not Acceptable) 801 S. FEDERAL HIGHWAY **UNIT 410** POMPANO BEACH FL 33062 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. SIGNATURE DATE 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 cligible to satisfy its Intangible **10.** Election Gampaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WIENER, FAYE NAME STREET ADDRESS 801 S. FEDERAL HIGHWAY, UNIT 410 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 Change ☐ Delete Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ■ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete 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.

WIENER 3-15-01