2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2001 08:00 AM P95000003276 DOCUMENT # 1. Entity Name **Secretary of State** THE SWEETING GROUP, INC. Principal Place of Business Mailing Address 2601 S. BAYSHORE DRIVE., STE 1225 2601 S. BAYSHORE DRIVE., STE 1225 COCONUT GROVE FL COCONUT GROVE FL 33133 33133 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 65-0551101 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 JERRY 2601 S. BAYSHORE DRIVE., STE 1225 Street Address (P.O. Box Number is Not Acceptable) COCONUT GROVE FL33133 US 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. 04/28/2001 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VPS TITLE VPS ☐ Delete TITLE X Change ☐ Addition CR2E034 (11/00) JACQUELINE B MAME FLICK NAME FLICK JACQUELINE B 2901 S. BAYSHORE DRIVE., APT 6-B STREET ADDRESS 2601 S. BAYSHORE DRIVE., SUITE 1225 STREET ADDRESS CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-ZIP COCONUT GROVE PT ☐ Delete TITLE X Change NAME FLICK **JERRY** \mathbf{G} NAME FLICK JERRY \mathbf{G} STREET ADDRESS 2901 S. BAYSHORE DRIVE., APT 6-B STREET ADDRESS 2601 S. BAYSHORE DRIVE., SUITE 1225 CITY-ST-ZIP COCONUT GROVE FL 33133 CITY-ST-ZIP COCONUT GROVE FL33133 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

04/28/2001

Daytime Phone #

Date

Jerry.Flick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _