2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P95000012116 1. Entity Name C&H MANAGEMENT ENTERPRISES, INC. 05-15-2000 90158 016 ***150.00 Principal Place of Business Mailing Address 3810 INVERRAY BLVD 3810 INVERRAY BLVD LAUDERHILL FL 33319 LAUDERHILL FL 33319 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0570672 Not Applicable Zip Country Zip 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 MORMENEO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 3810 INVERRARY BLVD 305 LAUDERHILL FL 33319 Zip Code FL 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 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. 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 П 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 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME SEIGEL, HAROLD STREET ADDRESS STREET ADDRESS 6231 NW 98TH DR. CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME MORMENEO, CARLOS STREET ADDRESS 10220 VESTAL CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FI** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE ☐ Change TITLE 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

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 ac 954-731-0007

SIGNATURE:

SIGNATURE AND TYPED APPRINTED NAME OF SIGNING OFFICE POR DIRECTOR SET GEL

4-25-00

Date