2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 08, 2000 8:00 am Secretary of State DOCUMENT # P95000029364 1. Entity Name PEARADEAN, INC. 08-08-2000 90004 014 ***550.00 Mailing Address Principal Place of Business MENDOZA. CALLAS & SCHILLING MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY 6TH FLOOR 251 ROYAL PALM WAY 6TH FLOOR PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0576836 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE MENDOZA, MARIO G III Street Address (P.O. Box Number is Not Acceptable) 251 ROYAL PALM WAY SIXTH FLOOR PALM BEACH FL 33480 Zip Code City 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 \$550.00 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 SEPTEMBER 13, 2000 Min, will be \$750.00; 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 12. 11. Change ☐ Addition Delete TITLE TITLE DE MENDOZA. MARIO G III NAME NAME STREET ADDRESS 251 ROYAL PALM WAY SIXTH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL'33480 ☐ Addition Change DPST TITLE ☐ Delete TITLE EDELMAN. DEEN L NAME NAME STREET ADDRESS STREET ADDRESS 251 ROYAL PALM WAY, 602 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition ☐ Change TITLE Delete TITLE WILKINSON, DEBRA NAME STREET ADDRESS 251 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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, of on an attachment with an address, with all other like empowered.

N ELELMAN

FILED