2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000032979** May 09, 2000 8:00 am Secretary of State ULTIMATE PACKING & SHIPPING, INC. 05-09-2000 90048 011 ***150.00 Principal Place of Business Mailing Address 5722 S FLAMINGO ROAD 5722 S FLAMINGO ROAD STE #165 FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330-3206 C0086238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0575396 Not Applicable Zip Country 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 FRIEDMAN, MILTON Street Address (P.O. Box Number is Not Acceptable) 4700 N STATE RD 7 **STE 208** FT LAUDERDALE FL 33309 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. PTD ☐ Addition TITLE TITLE ☐ Delete FRIEDMAN, STEVEN M NAME NAME 320 S. FLAMINGO RD., #111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP vpsd Addition ☐ Delete Change TITLE TITLE FRIEDMAN, T M NAME NAME 320 S. FLAMINGO RD., #111 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33027 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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 CITY-ST-ZIP CITY-ST-ZIP ly in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in my signature shall have the same legal effect as if made under oath; that I am an officer or director bort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is I hereby certify that the information supr indicated on this report or supplemental ied with his t ig does not dyalify d accurate and th repor of the corporation or the receiver cute this re changed, or on an attachment all other red.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR