2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000034704 Apr 24, 2001 8:00 am Secretary of State 1. Entity Name PLAVE MANTEN CONSULTING GROUP, INC. 04-24-2001 90040 014 ***150.00 Principal Place of Business Mailing Address 3250 MARY STREET 3250 MARY STREET SUITE 301 SUITE 301 COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address 3050 Aventura 3050 Aventura Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 301 Suite 301 City & State City & State Applied For 4. FEI Number 65-0575760 Aventura Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 3180 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANTEN, SEFFREY M MANTEN, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET 3050 Aventra Boulevard SUITE 301 Svite 301 COCONUT GROVE FL 33133 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. DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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. 49 ☐ Addition PIANE, LAWRENCES PD TITLE TITLE ☐ Delete 3050 Aventura Badevard suite 30 NAME NAME PLAVE, LAWRENCE S STREET ADDRESS STREET ADDRESS 3250 MARY STREET, SUITE 301 Auntura FL 33180 CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL MANTEN, JEFFLEY M BOSO Aventua Soulevard siste 30 Change ☐ Addition Delete TITLE TITLE NAME MANTEN, JEFFREY M STREET ADDRESS STREET ADDRESS 3250 MARY STREET, SUITE 301 CITY-ST-ZIP CITY-ST-ZIP Aventua, FC 33180 COCONUT GROVE FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/16/01 305- 937-0096

☐ Change

☐ Addition