2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # P95000050302 REMCO INDUSTRIES LEASING CORP. 05-17-2000 91108 001 ***750.00 Principal Place of Business Mailing Address 920 NORTH EAST 13TH STREET 920 NORTH EAST 13TH STREET FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304-2010 2. Principal Place of Business 3290 NE 33 Street 3. Mailing Address 3290 NE 33 Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Fort Lauderdale FL City & State Fort Lauderdale, FL 4. FEI Number Applied For NOT APPLICABLE Not Applicable 33308 Country \$8.75 Additional Zip 333308 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Moreth, Roman MORETH, ROMAN Street Address (P.O. Box Number is Not Acceptable) 920 NORTH EAST 13TH STREET FORT LAUDERDALE FL 33304 3290 NE 33 Street Zip Code 33308 City Fort Lauderdale 8. The above named entity submits this elatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE. Registered Agent signature required when reinstating) distered 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 After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE D ☐ Delete τιτιε Addition Moreth, Roman NAME MORETH, ROMAN NAME **920 NE 13 STREET** STREET ADDRESS 3290 NE 33 Street STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP FORT LAUDERDALE FL Fort Lauderdale, FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 3171.5 ☐ Change Addition 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-7IP 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.

ATURE AND PIPED OR PHIN/ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

4 20-00

Date

Daytime Phone #