2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000063314 May 16, 2000 8:00 am Secretary of State (BOND) PAINT & CHEMICALS, INC. 05-16-2000 90789 025 ***150.00 Principal Place of Business Mailing Address 118 NW 5TH ST 118 NW 5TH ST FT LAUDERDALE FL 33301-3212 FT LAUDERDALE FL 33301 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0614652 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YAROSH, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 1817 S OCEAN DR #228 HALLANDALE FL 33009 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE YAROSH, VLADIMIR NAME NAME STREET ADDRESS 1817 SOUTH OCEAN DRIVE, #228 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Change X Addition ☐ Delete TITLE GEYKHMAN, ELINA NAME GEYKHMAN, ELINA STREET ADDRESS STREET ADDRESS 8050 CLEARY BLVD.,# 512 8050 CLEARY BLVD., # 512 CITY-ST-7IP CITY-ST-ZIP PLANTATION, FL 33324 PLANTATION, FL 33324 ☐ Change X Addition ☐ Delete TITLE TITLE NAME NAME KLIMOVA, SVETLANA STREET ADDRESS STREET ADDRESS 8050 CLEARY BLVD., CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33324 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 Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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