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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001 8:00 am Secretary of State DOCUMENT # P95000070929 SUPER SKATES II, INC. 05-11-2001 90012 023 ***150.00 Principal Place of Business Mailing Address 2505 NORTH HIATUS ROAD 2505 NORTH HIATUS ROAD COOPER CITY FL 33026 COOPER CITY FL 33026 759828 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0607576 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLDBERG, MARK H ESQ. Street Address (P.O. Box Number is Not Acceptable) % HARTMAN, WARSCH & GOLDBERG 10,000 STIRLING ROAD, SUITE 1 COOPER CITY FL 33024 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) = 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 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 12. 11. TITLE ☐ Delete TITLE Addition REISFELD, PETER NAME NAME 820 NW 121 AVENUL STREET ADDRESS STREET ADDRESS 800 N.W. 131ST AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33325 TITLE Delete TITLE ☐ Addition SELBERMAN, ARTHUR NAME NAME STREET ADDRESS STREET ADDRESS 609 VERONA PLACE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change □ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 repeiver or trustee empoyered 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 attachinght with an address, with all other the empowered.