2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 11, 2001 8:00 am Secretary of State 1. Entity Name Finance Continental, Inc. 04-11-2001 90130 006 ***158.75 Principal Place of Business Mailing Address A0046995 2. Principal Place of Business 3. Mailing Address 100 South Military Train 100 South Military Trail DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For eerseld Brach, Fl 65-073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kenneth Suhandran 100 South Military Trail Street Address (P.O. Box Number is Not Acceptable) City Zip Code FL pose 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 After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Change TITLE Delete TITLE Buhandran, Kenneth NAME NAME 100 S. Military Trail. Deerfield Broch, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33442 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change 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 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE: 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)