2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P96000012973 1. Entity Name JIM - ED CUSTOM SHEET METAL, INC. 05-10-2001 90213 045 ***158.75 Mailing Address Principal Place of Business 3130 SW 120 COURT 4325 S.W. 75TH AVE. MIAMI FL 33175 MIAMI FL 33155 2. Principal Place of Business 261 N.w. 26 ST. 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0649526 Not Applicable MIAM Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Dade 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MINKS, EDWARD J JR 261 N.W. 26 ST Street Address (P.O. Box Number is Not Acceptable) 4325-3:W:-75TH AVE. MIAMLEL 33155 MIAMI FL. 33/17 Zip Code FL 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. J. MINKS EDWARD (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT Change | ☐ Addition TITLE Delete MINKS EDWARD J. JR TITLE MINKS, EDWARD J JR NAME 261 N.W. 26 8T. STREET ADDRESS % 4325 S.W. 75TH AVE. STREET ADDRESS 33127 CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33155** VIEG PRESIDENT TITLE Change Delete TITLE BAMIEH USAMA. 261 N.W. 2687. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL. 33/27 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAMÉ 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 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT! F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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