2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 24, 2000 8:00 am Secretary of State DOCUMENT # P96000026346 1. Entity Name MJR CONSULTING GROUP, INC. 1994 (2) 08-24-2000 90034 027 ***550.00 Principal Place of Business Mailing Address 2341 SW 15TH AVE 2341 SW 15TH AVE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 CEVUOU**U**U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0654967 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOWITT, BARRY D ESQ -Street Address (P.O. Box Number is Not Acceptable) 1801 N PINE ISLAND RD SUITE #101 PLANTATION FL 33322 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 .9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min? Will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (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 Addition Roy, Michael 2341 5W 15Th AVENUE NAME ROY, MICHAEL STREET ADDRESS STREET ADDRESS 12832 NW 23RD ST CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

C/TY-ST-7/P

SIGNATURE:

CITY-ST-ZIP