2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P96000037074 KENNEDY IMPORT INC. 03-05-2001 90292 047 ***150.00 Principal Place of Business Mailing Address 1001 W KENNEDY BLVD 4015 BAYSHORE BLVD. STE 17E TAMPA FL 33606 **TAMPA FL 33611** 816325 2. Principal Place of Business 3. Mailing Address 4015 Bay shore Bird # 178 Kennedt Biva Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3370199 Not Applicable Tampa Country Zip \$8.75 Additional 5. Certificate of Status Desired 33 GII Hilsbraugh Fee Required Hilsbrough 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAHSINI, HOSSEIN Street Address (P.O. Box Number is Not Acceptable) 4015 BAYSHORE BLVD. STE 17E TAMPA FL 33611 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (10/00) HOSSEIN - TAHSINI NAME NAME 4015 BAYSHORE BLVD #17E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attach dress, with all other like empowered

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR