FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am DOCUMENT # P96000049359 Secretary of State Hielah Discomo Friszlay, Inc. 05-21-2001 90362 047 ***150.00 Principal Place of Business 500 W 49th STROET -1335 3N 173 10 Way A0070854 Hielself. FL. 33012 Pombrake Pma, Pl. 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For 33 D (2 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Meer, Robert 1 Street Address (P.O. Box Number is Not Acceptable) SUD W YATH STREET Healerh, Fly 33012 Zip Code 8. The above named only submits this atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Princy, Robert M. 1335 SW 17300 (Way 3029 Ponbroke Fing, #1. 33029 ☐ Delete TITLE NAME NAME 17328 Sny 13th Place Prombroke Proves, 71. 33029 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Detete PANTONATE F. NAME NAME 1335 SW 173 BB WOLL STREET ADDRESS STREET ADDRESS tonbrufe, Prior, FT CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 protection or the receiver protection of the corporation or the receiver protection or the receiver pro changed, or on an attachmen addless, with all other like empowered SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR