2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2000 8:00 am Secretary of State DOCUMENT # P96000058005 1. Entity Name FERGUS, INC. 05-04-2000 90151 024 ***150.00 Mailing Address Principal Place of Business 520 BRICKELL KEY DR., STE 0-305 520 BRICKELL KEY DR., STE 0-305 MIAMI FL 33131-2610 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0725944 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREEMAN, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE **SUITE 0-305 MIAMI FL 33131** Zip Code City 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. SIGNATURE DATE (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, 2000 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 12 11. ☐ Addition ☐ Change TITLE ☐ Delete FREEMAN, STEPHEN A NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DR., STE 0-305 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TITLE AYZENSHTAT, EFIM NAME NAME STREET ADDRESS 520 BRICKELL KEY DR., STE 0-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Addition ☐ Channe ☐ Delete TITLE TITLE 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-ZIE Delete TITLE Change Addition TITLE NAME 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 changed, or on an attachment with an address, with all other like empg

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

SIGNATURE: _

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

Stephen A. Freeman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/28/2000

(305) 374-3800

☐ Change

Addition