2000 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2000 8:00 am Secretary of State **DOCUMENT # P96000061373** 1. Entity Name ALL MOWER, INC. 05-11-2000 90278 021 ***150.00 Hollywood,-FL-33024-----Hollywood,-FL-33024-950363 3 Mailing Address 2. Principal Place of Business 1940 Harrison Street 1940 Harrison_Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 300 300 4. FEI Number 65-0680945 City & State City & State Applied For Hollywood, Hollywood Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 33020 33020 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Eiberschitz,-Joshua Fred Hochsztein Street Address (P.O. Box Number is Not Acceptable) 6712-Stirling-RD 1940 Harrison Street Hellywood--FL-33024 300 Hollywood th's statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits SIGNATURE ne of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. PSDT X Delete K Change Addition TITLE TITLE Eibeschitz, Mike NAME NAME Eibeschitz, Joshua STREET ADDRESS STREET ADDRESS 6712-Stirling-RD 6712 Stirling RD CITY-ST-ZIP CITY-ST-ZIP Hollywood, FL 3302 Hellyweed--FL-3302/ Change ☐ Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ 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 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not quarify 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 of 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 attachmen Mike Eibeschitz, President 4/28/00 (954) SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR