2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # **P96000065146** THE BAG MAN INC. 04-27-2001 90217 018 ***150.00 Principal Place of Business Mailing Address 485 NF 57PL 1485 NE 57PL FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 1000000 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 05-1402587 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAVOSO, GREGORY P III Street Address (P.O. Box Number is Not Acceptable) 1485 NE 57 PL FORT LAUDERDALE FL 33334 Zio Code 5-1 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 fitte if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 PRES TITLE CR2E034 (10/00) ☐ Delete Tatle Addition NAME VAVOSO, GREGORY P NAME STREET ADDRESS 2749 NE 29 CT. STREET ADORESS CITY-ST-ZIP CITY - ST-ZIP FT LAUD FL 33306 DITLE ☐ Delete TITLE ■ Addition Change NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP THE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete Tille Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY - ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME 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 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 empowered.

LARLYORY VAVOSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR