2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P96000091857 1. Entity Name CERA ENTERPRISES, INC. 04-25-2000 90149 032 ***150.00 Principal Place of Business Mailing Address 175 WEST CAMINO REAL 175 WEST CAMINO REAL SUITE B SUITE B **BOCA RATON FL 33432** BOCA RATON FL 33432-5941 US HS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For ₩ & State 65-0714731 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CERA, DENISE M. 175 W CAMINO REAL BOGA RATON-FL-33432 for the purpose of changing its registered office registered agent, or both, in the State of Florida tity submits this statem 8. The above named SIGNATURE nature required when reinstating) printed name of registered agent and title if application 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 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE CERA. DENISE M NAME NAME 175 WEST CAMINO REAL, SUITE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 12 if chapter 607, Florid changed, or on an attack other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR