2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: <

DOCUMENT # P 960000 95841 Mar 13, 2001 8:00 am **Secretary of State** BJB HOLDINGS, INC. 03-13-2001 90323 039 ***150.00 Principal Place of Business Mailing Address 3075 CANTERBURY DR 3075 CANTER BURY OR. BOCA RATON, FL. 33434 BOCA RATON FL. 33434 D0025012 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 65-07/0828 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 JACK, JOSEPH E. Street Address (P.O. Box Number is Not Acceptable) 3075 CANTERBURY DR. BOLA RATON, FL. 33434 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Change Addition BERG, MICHAEL NAME 4325 INTRACOASTAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIEHLAND BEACH, FL. 33487 TITLE Delete TITLE ☐ Change Addition NAME BERG, RICHARD NAME 5719 SW 137 AUE STREET ADDRESS STREET ADDRESS CAPE CORAL, FL. 33914 CITY-ST-ZIP CITY-ST-ZIF Change ■ Addition JACK, JOSEPHE. NAME NAME 3075 CANGERBURY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATION, FL. 33434 CITY-ST-ZIP ■ Addition TITLE Delete TITLE Change 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

3/4/200/ 561-488-2617