2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P96000100429 1. Entity Name DECKMOR ENTERPRISES II. INC. 04-18-2000 90248 005 ***158.75 Principal Place of Business Mailing Address 5675 SW 35TH AVE. 5675 SW 35TH AVE. FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312-6373 2. Principal Place of Business 3. Mailing Address 3201 W. Griffin 320 L W. Griff DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite Apt. #, etc. 106 City & State City & State Applied For 4. FEi Number 65-0713922 Not Applicable Dania Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33312 33312 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEAR, DAVID Street Address (P.O. Box Number is Not Acceptable) 200 SO BICAYNE BLVD. STE 2100 MIAMI FL 33131 Zip Code City 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 (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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Delete TITLE ■ Addition TITLE Deckelbaum, Morris 3201 W. Griffin Rd NAME DECKELBAUM, MORRIS NAME # 106 5675 SW 35TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Dania Beach, FL CITY-ST-ZIP FORT LAUDERDALE FL 33312 33312 Change Addition ☐ Delete TITLE TITLE Deckelbaum, Gordon DECKELBAUM, GORDON NAME NAME 3201 W. Griffin Rd #106 5675 SW 35TH AVE. STREET ADDRESS STREET ADDRESS Beach, Fi Dania CITY-ST-ZIP 33312 CITY-ST-ZIP FORT LAUDERDALE FL 33312 Delete ☐ Change Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS 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 amprovered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Date

Daytime Phone #

Change

Change

☐ Addition

☐ Addition