FILED

2000 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2000 8:00 am Secretary of State DOCUMENT # P9700005283 1. Entity Name (NAME CHANGED 1/1/2000 SEE CERT. ATTACHED) FRASER & CO., INC. 01-22-2000 90065 039 ***150.00 Mailing Address Principal Place of Business 2500 HOLLYWOOD BLVD #310 2500 HOLLYWOOD BLVD #310 HOLLYWOOD FL 33020-6615 HOLLYWOOD FL 33020 D0005312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0724021 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAHON, TIMOTHY K Street Address (P.O. Box Number is Not Acceptable) 2929 E. COMMRCIAL BLVD. PENTHOUSE E FORT LAUDERDALE FL 33308 Zip Code 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 DATE Signature, typed or printed name 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 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 11. OFFICERS AND DIRECTORS 12. DIRECTOR | SECRETARY **Addition** TITLE Delete TITLE FRASER, LUCILLE M. 1770 N W 107 AVENUE NAME NAME FRASER, GEORGE N STREET ADDRESS STREET ADDRESS 1770 N.W. 107 AVENUE PEMBROKE PINES FL 33026 CITY-ST-7IF CITY-ST-ZIP PEMBROKE PINES FL 33026 Change Addition Delete TITLE TITLE ADDRESS BARLOW MICHAEL NAME ELLIOTT, JOHN 38 MOORE PARK ROAD STREET ADDRESS STREET ADDRESS WILLIAM BYAS HOUSE: 14-18 ST CLARE ST CITY-ST-ZIP LONDON SW8 4PP CITY-ST-ZIP LONDON EC3N JX 33026 ☐ Change Addition **⊠** Deléte TITLE TITLE-NAME NAME MIRZA, AIJAZ STREET ADDRESS STREET ADDRESS WILLIAM BYAS HOUSE: 14-18 ST CLARE ST CITY-ST-ZIP CITY-ST-ZIP LONDON EC3N JX 33026 Change Addition ☐ Delete TITLE TITLE NAME BARLOW, MICHAEL STREET ADDRESS STREET ADDRESS WILLIAM BYAS HOUSE: 14-18 ST CLARE ST CITY-ST-ZIP CITY-ST-ZIP LONDON EC3N JX 33026 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 attack ment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/2/2000 954-9

Daytime Phone #