2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am § Secretary of State P97000019773 DOCUMENT # 1. Entity Name 05-06-2002 90262 022 ***158.75 DURA-LIFE, INC. Principal Place of Business Mailing Address 1330 SOUTH FEDERAL HWY. 1330 SOUTH FEDERAL HWY. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3431435 Not Applicable Zip Country Zip Country **\$8.75** Additional Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name LEIV& MARIO Street Address (P.O. Box Number is Not Acceptable) 431 SE 13TH CT, APT G-201 DEERFIELD BEACH FL 33441 City Zip Code 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TREASURER JORQUERA TITLE ☐ Delete TITLE JORQUERA, ANGELICA V NAME NAME 431 SE 1340 Ct. APT 6-201. STREET ADDRESS 431 SE 13TH CT APT G-201 STREET ADDRESS CITY-ST-ZIP **DEERFIELD BEACH FL 33441** CITY-ST-ZIP Deerliely BEACH, FL-33441 TITLE ☐ Delete TITLE JORQUERA, VICTOR M NAME NAME STREET ADDRESS 431 SE 13TH CT APT G-201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE-DEERFIELD:BEACH:FL=33441 ☐ Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITI F ☐ 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.

SIGNATURE:

FILED