2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000020474 1. Entity Name SUS INVESTMENT GROUP, INC. 00 MAY - G AM 9: 16 Mailing Address Principal Place of Business SECRETARY OF STATE 1701 S.W. 12TH AVENUE 1701 S.W. 12TH AVENUE **BOCA RATON FL 33433-3406** BOCA RATON FL 33496 2. Principal Place of Business 3. Mailing Address Suite 7284 W. Palmette Park Road Suite, Apt. #, etc. 05/04/00 90/99/00/ 7284 W. Palmetto Park Koad Suite 101 South Suite 101 South Applied For City & State Raton, FL 33433 City & State Boca Raton, FL 88483 Not Applicable Zip 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 INA JUSTAT JAFERI, ALI M Street Address (Readow) mother is Not Acceptable) 1701 S.W. 12TH AVENUE Suite 101 South BOCA RATON FL 33486 Boca Raton, FL 83483 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. SIGNATURE DATE Signature, typed or protect name of registered agent and title it applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITI F TITLE ☐ Delete NAME JAFERI, ALI M NAME STREET ACCRESS STREET ADDRESS 1701 S.W. 12TH AVENUE CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33486** Addition ☐ Chanca ☐ Oelete TITLE TITLE NAME RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITCE TITLE ☐ Delate NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZF Addition Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change 🔲 Addillon TITLE Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete 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). Floride 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 eath; 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: