FILED 2001 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2001 8:00 am Secretary of State P97000058511 DOCUMENT # 1. Entity Name BAITT NUBA GROUP, INC. 09-18-2001 90008 036 ***550.00 Principal Place of Business Mailing Address 7481 W OAKLAND PARK BLVD 7481 W OAKLAND PARK BLVD FT. LAUDERDALE FL 33319 FT. LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0764495 Not Applicable Country : Zip Zip 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 Name AZIZ, ALI Street Address (P.O. Box Number is Not Acceptable) 7481 W OAKLAND PARK BLVD FT. LAUDERDALE FL 33319 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME aziz, ali NAME STREET ADDRESS 7481 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33319 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME ali, ramzen NAME STREET ADDRESS STREET ADDRESS 7481 W OAKLAND PARK: BLVD CITY-ST-7IP CITY-ST-7IP FORT LAUDERDALE FL 33319 TITLE Delete TITLE ☐ Change ■ Addition NAME NAME ALI. YAZMIN STREET ADDRESS 7481 W OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33319 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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-7IP

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 receive) or trutteetermowered 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:

OFFICER OF DIRECTOR

9/10/01 954-572.

Daytime Phone #