2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000068135 May 18, 2000 8:00 am Secretary of State NAVARRO AND MAGGART, INC. 04-07-2000 90047 015 ***150.00 Principal Place of Business Mailing Address 18170 JUPITER LANDINGS DRIVE 18170 JUPITER LANDINGS DRIVE JUPITER FD 33458-3355 JUPITER FD 33458 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0772549 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERRY, STEVEN L 1 SW OSCEOLA STREET SUITE 2 STUART FL 34994 nent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE : Recistered Agent signature required when reinstating) printed name of registered agent and title if applical 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 OFFICERS AND DIRECTORS 11. 12 Change Addition TITLE ☐ Delete TITLE NAVARRO, JOSE ANTONIO NAME NAME 18170 JUPITER LANDINGS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FD 33458 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP ☐ Change ☐ Addition TITLE Delete TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME 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 trusted 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

وبمنا والإرامية المناهمات الن

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME

MINNI YOUNG " KKEZIDEH!

☐ Dalete

3/30/00

(561) 744-623

Date

Daytime Phone

☐ Change

☐ Addition