2000 UNIFORM BUSINESS REPOP太(UBR) FILED DOCUMENT # P97000068192 Jul 06, 2000 8:00 am Secrétary of State Sherrie Rubenstein, P.A. 07-06-2000 90008 042 ***150.00 Principal Place of Business 1565 NW 121 Dr. 1565 NW 121 Drive Coral Springs, FL 33071 Coral Springs FL 33071 00067753 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0773146 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Serchay, AllaN 5300 PW 33 AVE. #117 Street Address (P.O. Box Number is Not Acceptable) FT Lauvervale FL 33309 Zio 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. 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Rubenstein, Sherrie NAME NAME 200 Davides que Sich STREET ADDRESS STREET ADDRESS CONLSprings FL33071 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE TITLE ☐ Delete Sernat, Allan 300 DW 33 AR Ste117 NAME NAME STREET ADDRESS STREET ADDRESS Larvervale FL33309 CITY-ST-ZIP CITY-ST-ZIE Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition DILE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete DITLE NAME STREET ADDRESS STREET ADDRESS 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: SIGNATURE AND TYPED OR BENTED NAME OF SIGNING OFFICER OR DIRECTO

ALLEN SERCHAY 5300 NW 33RD AVE STE 117 FT LAUDERDALE, FL 33309

Request taken by: yfisher 06-21-2000

> The forms you recently requested from this office are: العالمة ووما إلى المراجع المراجع المراجع المراجع المراجع المراجع والمراجع والمراجع المراجع المراجع المراجع

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

* The original forms were never received