2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000071911 May 11, 2000 8:00 am Secretary of State 1. Entity Name CNS HOLDING, INC. 05-11-2000 90350 001 ***308.75 Mailing Address Principal Place of Business 1600 S DIXIE HIGHWAY 1D 1600 S DIXIE HIGHWAY 1D **BOCA RATON FL 33432 BOCA RATON FL 33432-7402** 2. Principal Place of Business 3. Mailing Address 1600 S. DIKIE HIGHWAM 1600 S. DIXIE HIGHWAN DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. # 112 SUITE SUITE 112 Applied For City & Stat City & State 4. FEI Number 65-0793676 BOCA RATON BOLA RATON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired PALM BEACH PALM BEACH ろろひるて Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GLENH HEIND HOUDIN45 HEINO, GLENN Street Address (P.O. Box Number is Not Acceptable) 1600 S DIXIE HIGHWAY 1D S. DIXIE HIGHWA **BOCA RATON FL 33432** SUITE 112 CityBOCA RATON ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit SIGNATUR (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. Added to Fees 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 12. 11. ☐ Change 🗡 Addition 💢 Delete TITLE TITLE BARRYZEEUW NAME HEINO, GLENN NAME 1600 S. DIRIEHWY #112 STREET ADDRESS 1600 S DIXIE HIGHWAY 1D STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33432 CITY-ST-ZIE **BOCA RATON FL 33432** PRES. 4 D ☐ Addition Delete **Change** TITLE TITLE CANTOR, EDWARD GLENN HEIND NAME 1600 S. DIKIE HIGHWAN #112 1600 S DIXIE HIGHWAY 1D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL. 33432 CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete Addition Change TITI F TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 adachment with an abstract with all other like empowered.

SIGNATURE

27.00

367- 7780