2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000072432 Apr 22, 2000 8:00 am Secretary of State EASTERN CAPITAL, INC. 04-22-2000 90092 004 ***150.00 Principal Place of Business Mailing Address 1390 NE 162ND STREET 1390 NE 162ND STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162-4619 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0780287 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZADOROZNY, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1350 NE 161 STREET NO MIAMI BCH FL 33162 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE Delete TITLE ZADOROZNY, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 1350 NE 161 ST CITY-ST-ZIP NO MIAMI BCH FL 33162 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZADOROZNY, MARIA P NAME 1350 NE 161 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NO MIAMI BCH FL 33162 CITY-ST-ZIP ☐ Change_ Addition ☐.Delete TITLE ~ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE 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 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A ZADUROZNY 4/15/10 (305)949-1217

Daylime Phone #

CR2E034 (9/99