2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000084291 Apr 13, 2000 8:00 am Secretary of State SALT AIR DEVELOPMENT, INC. 04-13-2000 90036 044 ***150.00 Principal Place of Business Mailing Address 157 FIESTA WAY 157 FIESTA WAY FORT LAUDERDALE FL 33301-1416 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address IND AVE. 5162 SW IND AUE <u>5102 SW</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 65-0784828 Not Applicable CAPE_ \$8.75 Additional 5. Certificate of Status Desired 33 9**04** Fee Required 33904 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAY DEN EDWARD BURRIER, VICKI Street Address (P.O. Box Number is Not Acceptable) 157 FIESTA WAY 510a Av€ SUITE 208 FT. LAUDERDALE FL 33301 Zip Code 33904 39A CORAL 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 (NOTE. Registered Agent signature required when reinstating) DATE applicable 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P, 5, D PD 😾 Change ☐ Addition Delete TITLE HAYOEN, EDWARD HAYDEN, EDWARD NAME 5102 SW 2NO AVE STREET ADDRESS 157 FIESTA WAY STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-7IP ☐ Addition Change X Delete TITLE TITLE BURRIER, VICTORIA NAME STREET ADORESS 157 FIESTA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FORT LAUDERDALE FL 33301 Change Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-7JP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR