2001 UNIFORM BUSINESS REPORT (UBR) FILED P97000086359 Apr 05, 2001 8:00 am Secretary of State DOCUMENT # International Vachtmaster Training +. 04-05-2001 90016 037 ***150.00 Principal Place of Business Mailing Address A0042964 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-D786 Not Applicable Zip Country \$8.75 Additional 33311 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mack Fry 1510 SE 17 Street, Suite 200 Port Lauderdale, Pl 33211 Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this stat ment or the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) title if applicable 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, 2001 Fee will be \$550.00 ☐ - Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (11/00) PSTO TITLE Change ☐ Addition TITLE □ Delete 910 SE 17th Street, Suite 200 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FOA Lauterdale, FL 33316 TITLE TITLE Change Addition Jay Lasner 1030 coral Ridge Drive Suite 300 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director Addition TITLE ☐ Delete TITLE Change es Annan NAME NAME 910 SE 17th Street Suite 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale TITLE ☐ Delete TITI F NAME NAME enniter STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 any address, with an other like empowered. SIGNATURE: N SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR